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S. W. BUTLER, M.D., AND D. G. BRINTON, M.D.

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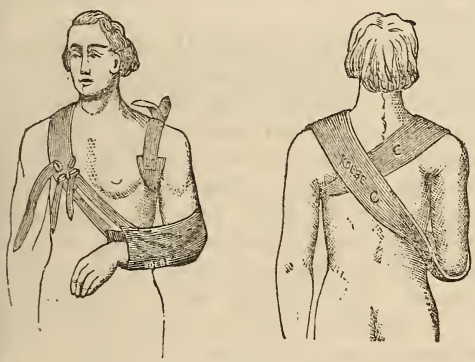
Communications.

APPARATUS FOR THE TREATMENT OF FRACTURE OF THE CLAVICLE.

By J. M. Boisnot, M. D.,
Of Philadelphia.

In adding one more to the already large number of apparatuses for the treatment of fractures of the clavicle, the desire has been, *to simplify, render the patient comfortable, and endeavor to meet the requirements for producing favorable results.*



The conical shape of the forearm, with the apex at its most dependent part, makes it admirably adapted for an attachment, from which traction can be made in an upward and backward direction: a leather socket fitting and laced around the forearm, is the simplest application which can be made for this purpose, and made of corresponding shape, is at the same time a support; the long band of webbing attached to this leather socket or case, upon its front part, and near the elbow, and carried upward to, and over the injured shoulder, at the point of fracture becomes a support, while it prevents displacement of the fractured ends after coaptation; the buckle at its commencement has a swivel attachment, so that the forearm may be carried across the breast in any direction called for by the peculiarity of position of the fracture. A strip of adhesive plaster, and graduated compresses are to be used over the seat of fracture; the latter near to, or distant from the neck, as may best tend toward keeping the band in its correct position.

From the injured shoulder, this band is continued across the back to the axilla of the opposite side; a turn around this shoulder, and again across the back to the elbow, from whence it started, fastening by a second buckle, completes the apparatus, if we except that course of the loose end, which by being brought forward and underneath the forearm to the loop around the sound shoulder, and then fastening, forms a sling, and at the same time keeps the apparatus and parts contained comfortably firm.

The simplicity of this apparatus is evident, when compared with the plan of Dessault or its modification by Fox; its requirements for impromptu preparation, (consisting of a coat sleeve and a strip of muslin, which a needle and thread could shape to the forearm, and fasten to each other), I imagine would be readily applied by any one undertaking the treatment of a case of fractured clavicle. This apparatus has a further usefulness in its application to cases after resection of the shoulder, and reduction of its dislocations.

The small amount of dressing constituting the apparatus, and the manner in which it supports and retains the parts in the position natural to them when uninjured, contribute alike to the comfort of the patient and the attainment of favorable results.

AN EPIDEMIC OF SMALL-POX.

Report of Surgeon James Suddards to P. J. Horwitz, M.D., Chief of Bureau of Medicine and Surgery United States Navy.

In the latter part of February, a case of small-pox occurred on board of the U. S. steamer Iroquois, then lying off Hiogo. The patient was removed to a house on the beach at Kobé, and died in a few days. It was understood that the contagion had been traced to a house at Osaca, where some of the Iroquois's men had spent a night. As the disease showed signs of spreading, the vessel was despatched to Yokohama, where it was believed hospital facilities would be found. A few days afterward, this ship proceeded to Osaca with the United States Minister on board. On the fifth of March, Francis H. Raymond, second class apprentice, was seized with what was supposed to be an attack of colic or cholera communis, a complaint to which he was very subject, and from which he had narrowly escaped death at Hong Kong in December. No special symptoms of other disease appeared until the morning of the 7th, when, as I was about shoving off from the ship to go to Osaca, the assistant surgeon informed me that a "measly" eruption had appeared. I directed the patient to be taken on deck immediately, and to be isolated as much as possible from the remainder of the ship's company. Upon my arrival at the United States legation at Osaca, about 12 o'clock, I was called to see George Frank, private marine, on duty as part of the guard at the legation. He had been sick since the previous afternoon. I found him suffering with constant emesis, fever, headache, and intense pain in the back and loins. I instantly sought Commander Creighton, and imparted to him my suspicions that these were both cases of small-pox. By his directions, Frank was carried to a boat and transferred to the ship, a distance of eight miles; fortunately, as, on the same afternoon, the massacre of French sailors at Sakai took place, and we all embarked in haste the next morning, at which time it might have been impossible to move the patient.

Both the above-mentioned died in three days from the first seizure, without the appearance of a diagnostic variolous eruption. They were buried from the ship, Frank within an hour after his death; it being deemed unsafe to retain the bodies on board. Their hammocks, bedding, clothes, and everything that had been in contact with them was sunk to the bottom of the bay.

As to the source of contagion in these two cases, I am satisfied, after the fullest inquiry, that it lay in the patient landed from the Iroquois. The hut in which he died was situated on the beach, about 600 yards from the custom-house, where the U. S. Minister resided. At this house was stationed a marine guard, of which Frank was one. The crew of the gig, to which Raymond belonged, were frequently on shore, landing at the custom-house. Both must have received the contagion about the same time; there was no other, to which they were exposed, so far as known, and the period of incubation corresponds precisely with the supposed date of exposure. It may be added that both were exceedingly delicate and frail; Raymond being a weak, puny boy, and Frank with a constitution shattered by long imprisonment at Andersonville.

On the 11th of March the ship returned to Hiogo. Although, as stated above, no diagnostic eruption had shown itself in either of the cases, the cause of death is entered on the medical journal as variola maligna, and the commanders of foreign men-of-war in port were so informed. Measures were immediately taken to prepare for the disease, in case it should reappear. Through the intervention of the U. S. consular agent, a large house was secured close to the beach at Kobé, windows were cut, bedsteads made, and everything done that was practicable to fit it for hospital purposes.

On the 19th, six cases presented themselves; on the 20th three; on the 21st three; on the 25th two; and on the 27th one. With one exception, all these had slept on the berth-deck in the neighborhood of where Raymond lay before he was removed to the deck. They were all sent to the hospital, as the diagnosis was made out, a Japanese boat being employed for that purpose. On the 22d, Assistant Surgeon Edward Frothingham, and five

nurses, protected by previous attacks of small-pox, were detailed by Commander CREIGHTON to remain on shore, and have charge of the hospital. From that date, no communication of any kind was permitted between the ship and hospital, excepting through the hospital boat.

The whole number of cases, seventeen, that thus appeared between the 5th and 27th of March, may be divided into the following classes:

Variola maligna,	4
" confluens,	2
" discreta,	2
Varioloides,	9

Besides these, there were four others, classified in the report as febris continua communis, which, from their period of accession, peculiar symptoms, and decline with rapid convalescence after the third day, might not improperly be regarded as

Variola sine eruptione,	4

The malignant and confluent cases all died: two on the 3d day; two on the 4th; one on the 11th, and one on the 13th. The others are convalescent, and will return on board as soon as it is deemed safe for them to do so.

The ship has been fumigated twice throughout with sulphurous acid. A quantity of chloride of lime and sulphuric acid was ordered from Yokohama, but was washed overboard from the vessel in which it had been shipped. A new supply is expected by the mail-steamer Costa Rica from Shanghai. Should it arrive safely, I purpose fumigating the vessel again thoroughly with chlorine gas, as well as the hospital, before it is turned over to its Japanese owners.

After syphilitic and cutaneous affections, small-pox may be considered the most common disease of Japan, having its headquarters at Osaca and Hiogo. I may say, without exaggeration, that one half the adult population of these two cities show marks of having had the disease. It becomes epidemic every winter and spring; being most prevalent at this place in April. Isolation of those attacked is not attempted, a mark, as a red rag, only being affixed to some part of the person.

Vaccination is practised by the Japanese physicians, but under what circumstances, and with what results, I have been unable to learn, but am informed that it is never repeated after the first trial.

Foreign vessels of course are more or less exposed, and experience teaches that occasional outbreaks must be expected. The U. S. ship Jamestown was almost crippled some years ago. Within a short time H. B. M. ship Princess Royal had 150 cases, and was compelled to go to Hong Kong to get rid of the pest. The steam sloop Serpent, Commander BULLOCK, was infested with it for four months last year, having 24 cases out of a crew of less than one hundred men. The Iroquois and Oneida this year are similar examples. It is important therefore that means may be at hand as soon as the epidemic appears to limit its ravages.

Much complaint was heard amongst the foreign residents here at the establishment of a small-pox hospital in their locality; a complaint almost resulting in a formal protest from the foreign consuls. As the population increases, these complaints, on a like occasion, would be more urgent. Some steps were taken, in connection with the local authorities, to provide buildings in a suitable place, remote from the European settlement, to be set apart for hospital purposes. It is to be feared, however, that with the subsidence of danger, may come a relaxation of effort. I would therefore suggest, whether it might not be advisable that the naval authorities should be authorized to make arrangements with the Japanese Government for the erection of suitable buildings at this place, and such others as may be deemed necessary, to be set apart for hospitals, where patients might be at once landed, and the spread of an epidemic on board ship perhaps thereby prevented.

I cannot close this report without bearing testimony to the cheerfulness and untiring zeal with which Assistant Surgeon EDWARD FROTHINGHAM performed his duties, while in charge of the small-pox hospital. During the whole course of the epidemic, his attention to the sick was unwearied, and I cannot too highly express my sense of his services on this occasion.

JAMES SUDDARDS,
Surgeon U. S. Navy.

U. S. S. Oneida, off Hiogo, Japan,
April 20, 1868.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 546.)

II. Ophtalmoscopic Characters of the Diseases of the Retina.

1. Hyperæmia of the Retina.

This morbid process in the retina is met with under various circumstances, and is recognized with the ophthalmoscope in its different stages from a slight injection of the retinal capillaries, to that condition of vascular fulness that converts the fundus of the eye into one entire area of bright redness; that obliterates the distinctions of outlines of the papilla, and gives the whole view an aspect of uniformity, only broken by patches of extravasated blood, both superficial and deep, into the substance of the retina, or by spots which indicate that this membrane has undergone more or less changes, its elemental constituents being replaced by fatty particles.

As to conditions under which hyperæmia is developed, may be cited local causes of irritation, such as great fatigue inflicted upon the eye in the pursuit of those callings, which require long-continued exertion of the eye in viewing small objects, such as engraving, watch-making, the coloring of small pictures, etc. I have recently had a case, of a young lady artist, affected with hyperæmia, resulting from the latter cause. The disease was apparently eradicated by treatment, but so persistently recurred after she resumed her profession, that she was ultimately compelled to abandon its pursuit. Constant exposure of the eyes to strong and glaring fires or lights, will be productive of more or less hyperæmia, as will also, blows and injuries of the head inducing more or less cerebral disturbance. A bad habit of body, or ill health engendered by overwork, insufficient food, and other causes acting in a similar manner in lowering the constitutional forces will also act as predisposing causes, if they do not actually produce the disease directly.

We should have remarked, in connection with the first named cause, fatiguing the eyes upon small objects, that it has been attempted to account for the hyperæmia in the strain of accommodation that is necessarily connected with such efforts of the eye, the ciliary muscles contracting vigorously, in order to secure that degree of convexity of the lens for near vision.

The causes acting indirectly upon the eye, originating hyperæmia are such as imply some change in organs within the cranium, such as general congestion, inflammation, or tumors of the brain or of its membranes or vessels, inducing pressure upon the ophthalmic veins emerging from the sphenoidal fissure, which discharge the blood returning from the retina and choroid.

According as one or other class of these causes is in operation, the hyperæmia will present different ophthalmoscopic characters. In direct irritation, the retinal net-work of capillaries will be engorged and give to the fundus of the eye a uniform red color, which will vary in shade as the vascular action is greater or less, being more red with intense arterial injection, and less under reverse circumstances, indeed shading so imperceptibly into the natural color of the fundus, that it will be difficult in some instances to draw the dividing line between what is, and what is not normal color. Hence it will be advisable, in such cases as a standard of comparison to examine the healthy eye if there is one, as well as the one that is hyperæmic.

The redness may exist in distinct patches in the neighborhood of the optic papilla, or be more generally diffused. The patches are uniform in color, obscuring everything beneath them, and at their margins shade off into the lighter red of the surrounding parts, so that here the interstices of the vessels are clearly perceptible. In the more intense cases of capillary injection, besides the hyperæmic patches above described, others of a different nature will present themselves, resulting from the rupture of the vessels and the pouring out of blood into the retinal tissue ; they are to be distinguished from the former by their deeper color, and more defined margins.

In such cases also, the great redness of the fundus may extend upon the entrance of the optic nerve, and render it obscure, or even entirely hide it from view, so that we can only identify its position by the large trunks that emerge from its centre, and which yet remain cognizable. If the reti-

nal congestion presents more of the venous character, the phenomenon of pulsation will often be observed.

Retinal hyperæmia taking its origin in disease of the brain is of a more chronic character than that we have just considered. It begins, as would be naturally inferred, in alteration of the veins, while the arteries are as yet unchanged. The alteration consists in these vessels becoming enlarged and tortuous in their course, and seemingly their several parts appear to lie in different places, a result due to the altered relation of their curves to the retinal surface. Desmarres says that the veins often present in their course little dilatations, which are no longer traversed by the light projected by the ophthalmoscope however intense it may be. The veins are besides, increased in size, of a deeper color than the arteries, which will be perceived to remain unchanged. As the case progresses, the vessels are less clearly seen than before, in consequence of the hovering of a grayish film about the neighborhood of the optic disk, and which generally extends in the direction of the retinal vessels, but diminishes in depth of color externally. The walls of the veins which have at this time become thinner, and permitted the escape of the serous effusion, causing the clouded appearance above spoken of, are also ruptured at one or more points, and give issue to bloody extravasations into the substance of the retina. These textual changes in the retina and veins are now associated with others in the choroid, the vessels of which become enlarged and serpentine; at the same time the choroidal pigment disappears in patches while this membrane increases in thickness from interstitial deposits.

The arteries of the fundus are now smaller than natural; the papilla becomes the seat of effusions, and projects irregularly anteriorly; the retina becomes more opake, and spotted with yellowish colored patches of fatty degeneration mixed with the browish spots, caused by alteration in the effused blood.

Pari possu with these changes in the constituent tissues of the eye, the morbid condition of the brain upon which they depend, progresses and manifests itself in various forms of abnormal nervous action.

2. Inflammation of the Retina.

The subject of hyperæmia naturally leads us to the consideration of that of retinal inflammation, inasmuch as the former is always the preliminary stage of the latter, so that what we have already said of the ophthalmoscopic characters of hyperæmia will also apply appropriately to retinitis in its incipiency.

Retinitis varies in degree and character, presenting thus many forms which it is important to recognize, in order to understand its full pathological importance, both as regards its occurrence as a primitive and idiopathic affection, confined to the retina as well as its frequent connection as a secondary complication with disease of the adjacent ocular membranes, and also with several constitutional affections, as albuminuria and diabetes.

Up to the period of the invention of the ophthalmoscope, diseases of the interior of the eye and especially those of the retina were grouped together in the most inextricable confusion and complexity; groups of symptoms were connected, hap-hazard with a certain supposed pathological changes, and deemed characteristic of them, but now thanks to the laborious researches of Cumming and Brucke and the practical genius of Helmholtz, we have been put in posessession of an instrument which has dispelled this chaotic confusion, as it were with the magic of the enchanter's wand, so that the parts of the interior of the eye are brought under direct visual examination, and any morbid changes occurring in them, may be dected with unerring certainty, and connected with their appropriate physiological expression.

With this certainty of diagnosis placed within our reach, ophthalmoscopists have been enabled to detect various forms of retinal inflammation. As to its degree, it may be either acute or chronic; as to its origin, it may be primitive or consecutive, that is, may develope itself in the retina, or be communicated to it secondarily by disease of the adjacent membranes, particularly the choroid, or lastly originate in some constitutional disease.

From the character of the retina as an expansion of the optic nerve, being thus brought in close sympathy with the brain, the parts supplied by the pneumogastric

and trifacial nerves, and to some extent with those supplied by the great ganglionic nerve, and from its lining the interior of the globe, closely connected with and in sympathetic and vascular relation, more or less, with all the textures of the eye, it rather excites wonder that it is not more frequently affected with disease than it really is.

1. Acute retinitis, although described in some of the older books as sufficiently common, we now know to be a rare disease, and as an independent affection extremely so. The cases of acute retinitis, as they present themselves in connection with a similar pathological condition of the choroid, are characterized by severe pulsative pain in the depths of the orbit, irradiating to the head. The patient experiences a sensation as if the globe were about bursting, and endeavors to rid himself of the impressions of light and fiery spectra by closing his eyes and covering them with his hands, or buries his head in his pillows. If the disease progresses unchecked, the inflammation spreads to all the tissues of the eye, which finally culminate in suppuration and the destruction of the organ.

This form of disease is always of serious import, and if it possess the severity above stated, is most always fatal to the function of vision. In milder cases, the inflammation having been checked by appropriate antiphlogistic measures, the surgeon may hope to preserve some degree of useful vision.

The causes of this form of retinitis are traumatic injuries of the eye, prolonged exposure of it to intense degrees of light, such as is experienced by persons working in iron foundries, performing the duties of firemen, or looking continuously at the brilliant sun in a cloudless sky. It may also be secondary to inflammation of the adjacent textures of the eye, or of the brain and its membranes.

From the foregoing details of the symptoms of acute retinitis, it can be readily expected that here the ophthalmoscope fails us. Besides, little could be learned beyond what we have already stated in connection with retinal hyperæmia.

2 Chronic retinitis is not only more common, but, fortunately, can be easily studied with the assistance of the ophthalmoscope. It is perhaps always associated with changes in other of the ocular membranes, particularly the choroid, and in the refracting media. It takes its origin in the same causes that we have already enumerated as underlying simple hyperæmia.

The disease is inaugurated generally with pain in the eye, extending to the head, photophobia, and impairment of vision, that objects become indistinct, particularly those that are small and remote. There is commonly a foggy veil ever hanging before the eyes, and various forms of spectra are observed, being often developed when the head is even slightly concussed, as happens in sneezing, coughing, and shocking of the body in making a false step. They are sometimes seen also when the patient passes from a bright, well-lighted room, or from out-doors into a dark chamber.

In chronic retinitis, as in retinal hyperæmia, the eye usually maintains an apparently healthy exterior for some time, until by the extension of disease, the retina, choroid, and vitreous humor become in some degree disorganized by the effusion of inflammatory exudation, when the sclerotic yields from the interior pressure, and presents in various places a bluish appearance, and an evident vascular injection around the cornea. Vessels are also developed in the conjunctiva and the tissue beneath. While these changes are going on, the iris loses its normal form, color, and mobility, and is pressed anteriorly against the cornea, obliterating the anterior chamber.

In the earlier stage of retinitis we are enabled to recognize with the ophthalmoscope, that the fundus of the eye is dimmed, and cannot be illuminated to the same degree with a brilliant light that it can in health, particularly towards its centre. Its natural rosy tint has vanished, and given way to a deeper color, approaching a yellowish-brown. This color is sometimes restricted in patches scattered over a reddish-brown field.

The papilla is more or less obscured by the development of the capillaries upon its surface, which can often be made out, forming a close network of radiating vessels. This increased vascularity may involve a part of its circum-

ference, as a sector or quadrant, or a larger portion, and sometimes the whole disc disappears, its position being alone indicated by the direction of the retinal vessels. The centre of the papilla retains the natural color the longest, but in the course of the disease becomes like its periphery, yellow, red, and finally a dull gray.

The retinal vessels also suffer change: the veins becoming enlarged, and in the earlier periods of the disease, can be easily distinguished, but later, they, as well as the arteries, become very indistinct, and can only be identified here and there in their course.

The observer must bear in mind, while examining chronic retinitis, that its ophthalmoscopic characters will be more or less veiled and mingled with those of its often associated disease, choriditis, such as destruction of the pigment, variously-colored spots, ecchymosis, and other changes which we shall specifically dwell upon when that subject comes under consideration.

[To be continued.]

Hospital Reports.

Pennsylvania Hospital,
April, 1868.

Surgical Clinic of Dr. D. Hayes Agnew.

Reported by Dr. Napheys.

Stone in the Bladder.

Case 1*st.* This patient, aged 35 years, a native of Philadelphia, has been suffering for four years from great vesical distress. The symptoms which he complains of at present, are frequent desire to urinate, compelling him to empty the bladder often through the day, and to rise many times in the course of the night; smarting, referred to the urinary meatus; elongation and thickening of the prepuce, the result of constant traction. The urine is alkaline in its reaction, and loaded with mucus. No albumen or renal casts have been discovered in the examination to which it has been subjected. Occasionally, he states, his stream has suddenly stopped, only starting after changing his position, or by having a catheter passed into the bladder. At these periods he sometimes suffers from rigors, nausea, dry skin, and arterial excitement. These symptoms point to the presence of a urinary calculus, and in order to verify this supposition, a sound—such an instrument as I show you at present—was passed into the bladder, when the existence of a stone was readily detected.

One word about sounds and sounding. These instruments should have different curvesin order to adapt them to different portions of the bladder. You may fail to touch a calculus with one, and yet succeed with an other. The bladder should be examined sometimes empty, and sometimes distended, with urine, or tepid water thrown in as a substitute. The patient should be examined in different positions, horizontal and erect, provided any difficulty is experienced in detecting the calculus. You should be patient. If you have the phenomena which indicate the existence of stone, do not give over searching too soon. Should one attempt fail to discover it, try again, and again.

But, to resume our subject, this man's general health has been seriously impaired from constitutional syphilis. He is pale and feeble, his digestion weak, and has suffered much from nocturnal pains. An extensive necrosis exists of the left tibia. For two weeks we have been endeavoring to improve his condition by such agents as tend to allay the irritation of the bladder, improve the state of his blood, and add to his general strength. The remedies administered for this object have been a decoction of uvæ ursi leaves with the bi-carbonate of soda; at bedtime, a suppository consisting of a $\frac{1}{4}$-grain of morphia with two grains of the extract of hyosciamus. These, with bark and iron, and a good diet, make up his regimen. His progress has been so satisfactory, that we feel justified in bringing him before you to-day, in order to make some disposition of his stone. What shall that be? To cut or to crush are the alternatives. The relative value of these two operations is not positively adjusted. In the present case I believe the latter to be the one indicated, and I am led to this determination from the condition of his health, the tolerance of both urethra and bladder to the presence of instruments used for the dilatation of the canal, and the composition of the calculus, which is believed to be quite soft, consisting largely of uric acid. Preparatory to the operation, we inject some thin flaxseed tea into the bladder, so as to distend its walls and keep them out of the jaws of the instrument. Introducing now the lithontripteur of Heurteloup, it is carefully moved about until the stone is felt. The blades are now separated, and making a few gentle manipulations—easier done than told—the stone is caught. We may now estimate its dimensions by the scale on the instru-

ment. In the present case it indicates a stone one inch and three-quarters, but it is possible this may be its long axis. As the blades are screwed together it crumbles into fragments. After repeating this a second and third time, Dr. Agnew stated this must suffice for the first sitting. We must not attempt too much. The patient will now be put to bed, and a suppository introduced into the rectum. The fragments, as they pass away, will be collected in some gauze stretched over the chamber, and in this manner preserved.* The time when this operation may be repeated, will depend on the amount of local and general disturbance produced; certainly not, under any circumstances, for one week.

Case 2d. This little patient is two years old, born in Philadelphia, and presents us with a group of symptoms, some of which have been detailed in the previous case. For eight or nine months the mother has noticed incontinence of urine, straining, pulling on the prepuce, and sometimes accompanied with screams. The child has been in the hospital for one week, having been sounded on its entrance, at which time a calculus was detected. At so tender an age, it is quite natural it should be fretful and timid, and we have allowed some time to elapse, in order that it may become reconciled to its new friends and surroundings, as well as undergo some little preliminary treatment, such as a warm hip-bath to allay irritation, and some chalk mixture to correct diarrhœa. This patient is young to have urinary calculus, but is not peculiar in this respect. The disease is confined to no period of life. The fœtus in utero and all subsequent ages furnish examples of this affection, and this little child may have been born with this calculus. The treatment in the present will be more summary than in the preceding case. We have here different material to deal with. The bladder will be opened and the stone immediately extracted; in other words, the child will be lithotomized. There are three ways to the bladder—above the pubes, through the rectum, and through the perineum. They have all had their advocates. Surgeons at the present time have settled down with great unanimity to the perineal route. Every step of the operation, from the incision through the skin to the removal of the stone, is important. Celsus was in the habit of embracing both sides of the perineum in his method, by carrying a semi-lunar cut across in front of the anus. Marianus made a vertical or median division in the line of the raphé; and Cheselden a lateral cut, commencing at the raphé in front of the anus, and terminating between the tuber of the ischium and verge of the anus. Mr. Ferguson has recently advocated a combination of the Celsus and Cheselden plan; the first through the skin and fascia, the latter for the remaining structures. No operation seems to me more complete than the oblique lateral cut; and when executed without hesitation or embarrassment, it constitues the perfection of surgical art. After the child is etherized, the bladder will again be explored, as we adhere to the old surgical maxim, which may be rendered, "*not feeling now, not cutting now.*" The bladder being moderately distended with tepid mucilage, the sound was introduced, and by the attachment of a sounding-board, the click of the stone was made apparent to the entire class. The staff was now passed and entrusted to a colleague, the Doctor remarking that the instrument should be brought up under the arch of the pubes, its groove turned toward the left ischium, and accurately adjusted by the fingers of the surgeon inserted into the bowel, the intestine having been previously emptied by an enema of tepid water. Two or three strokes of the knife sufficed to lay bare the groove in the staff, into which the point was inserted and carried directly into the bladder. The finger immediately followed the withdrawal of the knife, the staff was removed, and a pair of forceps conducted into the bladder, and the stone seized, which, proving to be very soft, broke in the grasp of the instrument, and was extracted by the scoop. Dr. Agnew remarked, that in making the incisions, he had divided freely the skin and subcutaneous tissue, but much less the deeper parts. That through the prostate the cut should not be too much extended, only sufficient to admit of the extraction without laceration. After washing out the bladder, the patient will be placed in bed on his left side, with the knees secured together. As to the particular side, I do not think it a matter of much moment. You can scarcely expect to keep this little one in any fixed position long. An opiate should be given, and particular attention paid to removing the wet portions of the sheet which will be placed beneath the pelvis. The diet will consist of milk, and chicken or beef-broth. As the granulations fill up the wound, the urine will gradually take the natural course.*

* This patient was subjected to two other operations, when all the stone was believed to be destroyed.

* In six days the urine commenced flowing through the urethra.

Fistula in Ano.

This patient is 35 years of age; a laboring man; somewhat pale, and with a slight cough. About three months ago, some soreness was experienced between the buttock and anus; the part became swollen and red, and finally broke, since which time it has continued to discharge. There is no disposition to heal; in fact this little aperture, so small as readily to be overlooked, is a sinus or fistula. In introducing a probe, while a finger is placed in the rectum, the sinus is found to reach the side of the bowel. The most careful manipulations fail to find a communication with the intestine. This, I know, is contrary to the opinion of some surgeons, such asserting that an opening always exists. If such be the case, I have only to say, I have been often so unfortunate as not to find it. The tissue on the side of the rectum, in the ischio rectal fossæ, where these abscesses are situated, is remarkable. It consists largely of masses of fat, loosely held together by a little connective tissue, imbedded in which are the hemorrhoidal veins, (vessels without valves,) also the inferior hemorrhoidal arteries and nerves. The rectal side of the spaces is lined by the levator ani fascia, which extends as low as the internal sphincter. Inflammatory products can therefore accumulate and reach a considerable depth. When the preliminary abscess, which antedates the fistula, is low down, below the insertion of the levator ani fascia, it will very likely communicate with the bowel, but if higher, the fascia offers a barrier, as such membranes do wherever found. On the presence or absence of this intestinal opening, is founded the divisions of anal fistulas into *complete* and *incomplete*. The treatment of these consists in conducting a grooved director through the fistulous tract into the bowel, bringing the end of the instrument out of the anus on the end of the finger, and then incising all the included tissue. When no intestinal opening is present, one must be made by boring the director through, at the same time making counter-pressure with a finger in the bowel.

There is a feeling with many in the profession, that found, as they often are, in persons suffering from pulmonary disease, they are therefore salutary, and ought not to be interfered with. Whilst admitting this oft observed connection, I do not for a moment suppose there is anything salutary in their presence, but really the reverse, by the constitutional drain and moral annoyance which they produce. Very often have I performed this operation on tuberculous patients, and never as I remember, to their detriment. On the contrary, it has been frequently followed by improved health and a gratifying sense of comfort. When a patient is greatly enfeebled, you must be careful. If you have doubts as to the constitutional power of repair, better not meddle, otherwise sloughing may follow. After cutting the fistula, the Doctor remarked, the operation was only half the cure. The wound must be healed by granulation, and therefore it becomes a matter of the first importance to keep the raw surfaces asunder. This may be effected with a mesh of lint, oiled and pressed to the bottom of the wound. I have long been in the habit after dividing the parts, and the bleeding in a good degree over, of carrying a stick of cautic potassa through the wound, and then inserting a pledget of greased lint. This forms a superficial slough, which necessitates a granulating sore, and the insertion of lint after it comes out, need not be repeated. The bowels should be kept confined for four or five days, after which they may be opened, and the patient allowed to go about. It requires several weeks for the cure.

Pennsylvania Hospital,
March 4th, 1868.

Clinic of J. M. Da Costa, M.D.

Reported by Dr. Napheys.

Death from Hæmoptysis—Post Mortem.

In this patient during life, there had existed very marked intestinal symptoms, particularly protracted diarrhœa. The case briefly stated is as follows. The man's name was Alfred T., æt. 30. With the exception of acute hydrocephalus in a brother and sister, he stated there was no tubercular affection in his family. His cough began a year ago, with loss of flesh. Diarrhœa came on last April, and has continued since, with from three to five scanty watery stools in the day, generally disturbing him before daybreak, and accompanied by sharp pain and soreness in the lower part of the abdomen, which at times was sore to the touch. The case ran the ordinary course of tubercle, the history varying little. The diarrhœa proved very unyielding to treatment. Among the remedies employed, however, the sulphate of copper was by far the most active. It was given in doses of one-eighth grain, combined with one-fourth grain of extract of opium three times a day. Prior to this treatment, the persulphate of iron, the tincture of the chloride of iron, and tannic acid, had been in turn used without much effect. Opium alone had a certain amount of influence over the dis-

charges, but not as much as when it was combined with astringents.

Three days ago, he was seized with a severe attack of coughing, followed by an enormous discharge of bright-red blood, about a pint and a half, from the mouth. The flow stopped, rather, it appeared, on account of inability to cough than from any other reason, and the man rapidly sank. A change of position had no effect in relieving the air-passages. The man died in fifteen minutes from the time of seizure, apparently suffocated.

This, then, is a case of tubercle, terminating fatally by profuse hæmoptysis, in which the symptoms had been rather intestinal than pulmonary. Although there was no doubt at any time of the existence of tubercular disease of the lung, yet in so far as the loss of flesh, and the urgency of the symptoms went, they were attributable rather to the intestinal than pulmonary lesion.

Post-mortem appearances—Lungs. The first thing to be noticed is that in the middle lobe of the right lung there is markedly developed crepitant emphysema, forming a distinct prominence, soft to the touch, which upon being punctured collapses. The emphysema is evidently superficial, and does not extend into the lung structure at all, and is rather a pathological curiosity than a matter of any particular bearing upon the case. It is to be especially observed, however, as was suspected from the symptoms, that the hemorrhage had taken place into the lung-structure itself, a clot of blood still filling a cavity which exists at the right apex. The man has then really bled to death from blood effused into a cavity in the lung. The tubercle, excepting at the apex of the right lung, is not far advanced, there being very little infiltration at the lower portion, which well accords with the character of the case during life, the lung-symptoms being comparatively latent. The left lung contains no tubercle, excepting a few scattered ones. Excepting for this accident, the man would probably have lived a considerable period.

The heart presents nothing abnormal, excepting that the right ventricle was found to be full of the same kind of frothy blood found in the lung. The stomach contained about eight ounces of clotted blood.

The small intestines show rather well-marked tubercular infiltration, but with the exception of a small ulcer in its earliest stage, no distinct ulceration. The large intestine presents very great thickening, and evident loss of substance at various parts. The appearance, however, is rather what is found in a great many cases of chronic diarrhœa or dysentery, than in true tubercular ulceration. There is tubercle in the small intestine, and, of course, there is no doubt that the diarrhœa was tubercular, but this is not the characteristic appearance of tubercular ulceration. True tubercular ulceration takes place in the centre of a raised mass; the margins preserve their thick outline, and are very frequently red, for a kind of inflammatory action is going on there.

Is a case often met with, in which the lungs are still so comparatively healthy, terminating so rapidly? An instance of this kind is entirely exceptionable. Most cases of pulmonary hemorrhage do not end fatally. However advanced the disease of the lung, the hemorrhage is not apt to be the immediate cause of death. By inducing an anæmic state of the system, and depressing the patient, it may hasten the ultimate result, but an abrupt termination in consequence of hemorrhage is rare. A person might lose as much blood as this man, and yet sustain the shock. Death, in his case, was caused by the effusion of blood into the lung-substance proper, the cavity being filled with blood, and doubtless portions of the bronchial tubes on that side. The fact is also to be taken into consideration, and this is a curious observation, that the right side of the heart was found filled with the same frothy blood that was found in the lung. Hemorrhage into the lung produced a back pressure, forcing its way into the pulmonary artery, overcoming the resistance of the valves of that artery, and filling up the right ventricle. Evidently the man had not time to get rid of the blood; it came more rapidly than he could expectorate, and filled up the cavity of the lung. All that can be done in in a case of this kind is to stimulate. If a patient is losing blood rapidly, and has not the power to expectorate, the attempt must be made to give him power to expectorate the blood, as otherwise the danger of suffocation is great. There is no time for astringenst to act in checking the bleeding.

In a given case of tubercle is the occurrence of diarrhœa always a sure sign of there being tubercle in the intestine? Not always, for there may be diarrhœa when there is merely a great deal of functional disturbance. Although the mere presence of diarrhœa is not a positive proof of there being a tubercular lesion in the bowel, yet its continued presence and unyielding character become strong diagnostic elements. An additional symptom of value is the presence of spots of soreness, more or less persisted in,

throughout the course of the diarrhœa. To reverse the proposition, may there not be in exceptional cases, tuburcular disease of the bowel with costiveness? Mere deposits of tubercle in the coats of the bowel, without tubercular ulceration, may happen, and yet the bowels remain in a normal, or even in a costive condition. Thus, then, the positive diagnosis of tubercular disease of the bowel is involved in some difficulty—because there are exceptions in both ways, as to the general features of the malady.

In point of treatment, what does experience teach in the management of cases of tubercular diarrhœa? Opium is an invaluable agent here, as it is in all forms of diarrhœa. It allays irritation, it relieves pain, it checks the frequency of the alvine discharges, but it does not cure the disease. The general treatment employed to influence the pulmonary condition, will also check the formation, as far as can be done, of tubercle in the bowel. But the general treatment is materially aided by a moderate, persistent opium impression, and partly also by the use of astringents. There is no remedy more valuable than the one which proved of most benefit in this case, namely, sulphate of copper. Counter irritation, judiciously applied over the spots of soreness, forms a very valuable adjuvant to the treatment.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Regular Meeting, Feb. 19th, 1868.

On the Repetition of Prescriptions by Druggists without Authority of the Physician.

Dr. Griscom read a paper upon sulphite of soda, which was followed by an interesting discussion, at the conclusion of which Dr. O'Sullivan introduced the resolution relative to the practice of druggists renewing prescriptions without authority, etc., in which connection he made the following remarks.

The Doctor wished to direct the attention of the members present this evening to an important subject; one which could not fail to interest each and every Fellow of the Academy—he alluded to the practice of druggists renewing the prescriptions of physicians without their written order.

He was aware that the meetings of the Academy were usually occupied in the reading of scientific papers and the incidental discussions thereon; and that it has very little time to devote to matters merely local in their character; but the subject to which he would call the attention of the Academy on this occasion is of such general interest to the profession, that he deemed it well worthy of consideration here. That the practice of renewing prescriptions without the written order of the physician is objectionable, and that it is at times attended with the gravest results, must be apparent to all who will impartially examine the subject.

It is true, physicians are not legally responsible for these mistakes; how far they are morally responsible, the Doctor was not prepared to say. "Our patients look to us for protection, knowing, as they do, that by the proper exercise of our influence we can guard them against the liability to such mistakes, which should be prevented, rather than deplored."

Many of the pharmaceutists who have been consulted on this subject, expressed their entire willingness to comply with the instructions of the physicians, adding, that they were surprised that the profession did not move in this matter at an earlier date, thereby relieving them of much annoyance and responsibility, and placing it more directly in the hands of the profession.

The druggists, so far as heard from, have agreed to comply with the requirements of the resolutions.

The Doctor would not now detain the Academy by discussing the legal rights of practitioners in the premises, his object being to solicit the approval by the Academy, of the resolution he was about to present. He would mention that other medical societies in this city had already taken action in the matter.

Dr. Bulkley said, that with due respect to the author of the resolutions, owing to their importance and the lateness of the hour at which they were introduced, he would wish to postpone the consideration of the subject to a future period, in order that the Fellows of the Academy should understand thoroughly the nature and object of the movement in all its bearings. He would therefore move that the aforesaid resolutions be made the special subject for discussion at the next meeting of the Academy, which was unanimously agreed to.

The subject, however, was not brought up until the meeting held March 4, 1868.

Dr. Taylor at this meeting, read an interesting paper upon the "Pathology of Lateral Curvature of the Spine." At the conclusion, the Doctor was requested by the Academy to prepare a paper upon the treatment, for the next meeting.

The consideration of the subject of the re-

newal of prescriptions was still further postponed.

At the April meeting, Dr. Anderson in a few appropriate remarks, requested that the subject of the renewal of prescriptions, already before the Academy, be now taken up for its final disposal.

The President then called on Dr. O'Sullivan to state his views on the subject to the Academy, which he did as follows.

The Doctor said he would avail himself of the opportunity offered by the re-opening of the discussion to make a few remarks; which the lateness of the hour at which the subject was introduced at a previous meeting prevented his doing at that time. At that meeting, it was his intention to explain the motives which actuated him in introducing the resolutions to the Academy, the object and scope of which, were he to judge from the remarks made, would seem to have been very imperfectly understood. For example, one of the speakers on that occasion stated among the cogent reasons he assigned for his opposition to the resolutions, was that when a patient called to see him, whom he may not have seen for months, and he felt indisposed to question him, he would ask, "Did the medicine benefit you? If so, take the box or bottle back, as the case may be, and get the medicine renewed;" even though he had forgotten what the ingredients were that he had prescribed, and regardless of the indications then existing which might require a change of remedies. Now, continued the Doctor, it appears that this is a crude and inaccurate way of considering the subject, which was altogether foreign to the understanding and motives of the mover of these resolutions.

He was aware that it would sometimes happen with the physician to order a renewal without inquiring particularly into the exact composition of the prescription, and it may, to a certain extent be justifiable when the prescription is a simple one, containing no active ingredients. But it seemed to him to be rather hazardous to make this a custom or rule, from which mistakes of a serious character are liable to ensue, and endangering the lives of patients, besides, perhaps, jeopardizing the professional character of the physician.

"The resolutions referred to are amongst the most important local subjects which have engaged the attention of the Academy. I have said local; I should, perhaps say general, as this subject is now being considered in several of the medical societies throughout the States. As for the action of the societies in the city of New York, I may say they have been passed unanimously, and are now being actively enforced by the Medical Society of the County of New York, and by the East River Medical Association, and are now finally here before this body for approval."

The necessity of this action must be obvious to all who properly consider the subject. There is not a class of our population, from the highest to the lowest, who are not interested in it, and it is surprising the apparent apathy which has been shown heretofore in reference to it, as is evident from the fact that no action has been taken by the profession in regard to it. The Doctor would appeal to any member of the Academy who had, say ten years' experience in the practice of his profession in the city, if he has not noticed serious mistakes occurring occasionally, attributable to the present practice of druggists repeating prescriptions without authority. He was certain there was not a member of the Academy who could not relate one or more instances of the occurrences above mentioned.

The Doctor would but mention one instance, which occurred in his own practice, and which was, he considered, a good case in point, as illustrating the danger patients are exposed to by merely depending on the number on the box for the renewal of the perscription. He attended a young lady about seventeen years of age, tall and anæmic, with well marked scrofulous diathesis. When first called to attend her, he found her suffering under an attack of bronchial hemorrhage. The weather was extremely warm, being in the month of August. He had, as may readily be imagined, considerable difficulty in rallying her from the debility which ensued. Following this, a short time afterward she was attacked with pneumonia, from which she recovered; not, however, without the closest watching, and the most heroic sustaining treatment. After discontinuing the daily visits, and during convalescence, the Doctor prescribed a tonic composed of quinine, subnitrate of bismuth, and a small quantity of ipecac., in a pilular form. She did well on this. The appetite increased, the tone of the stomach was excellent; in a word, in all respects her case was promising well.

Some days had passed since the Doctor had seen the patient, when about mid-day her sister, in a very excited manner, came to his office, saying that her sister was taken suddenly ill; she believed she was dying, and requested the Doctor to see her with all possible dispatch, which was accordingly done. On reaching the house he found the patient extremely weak, in fact, in a moribund condition. She had a death-like pallor

of countenance, the extremities were cold, skin clammy, and voice so feeble as to be scarcely distinct.

The Doctor inquired of the mother of the patient when the change took place; she answered that shortly after taking the last pill she complained of pain and uneasiness of the bowels, and that the discharges were so copious and frequent she feared she would succumb before assistance could reach her, but that the discharges were somewhat diminished in frequency. He questioned her particularly as to the time this attack took place after the medicine. She was positive in her statement that a very little time elapsed. The statement was fully corroborated by other members of the family. There could be no doubt, therefore, of its correctness, especially as they were very intelligent persons.

After attending to the most urgent symptoms, and succeeding somewhat in inducing slight reaction, the Doctor called for the pill-box and hastened to the druggist's, whose establishment was the largest in the neighborhood, and who was considered a reliable man; he acquainted him with the particulars of the case, and, of course, the druggist said he could not account for it. The Doctor told him, however, that he was confident a mistake had been made, and referred to the perscription book. Upon comparing the number of the box with that recorded on the book, the mistake was at once detected. The circumstances were as follows: The day previous he had been attending a patient, a powerful man, who was overcome by the heat whilst at his work. When he saw him he was perfectly unconscious, and with the usual well-marked symptoms of irritation of the brain attending those cases. After applying ice, and giving stimulants, etc., in order to obtain a decided and quick motion from the bowels, he ordered a cathartic, of which croton oil formed one of the principal ingredients.

Now for the sequel of the case: When the pill box was sent back to have the pills renewed, the pills containing the croton oil were sent instead of the simple tonic which the patient had been taking; and the only satisfaction which the apothecary gave was that it was his clerk who had committed the mistake, and that he did not deem himself responsible.

Before concluding, the Doctor wished to make a few remarks, which follow:

"There seems to be a singular misapprehension on the part of the profession as to the right of control over our prescriptions. For instance, some will say that the apothecary has the right of property in them, others again contend that it is the patient, and in this crude and unpractical agitation of the subject an important question is lost sight of, viz: What are the rights of the physician in the premises? After carefully considering the subject, and seeking the aid of the best intelligence at my command, I have concluded that there is a little truth and a great deal of error in the general impression on the subject.

"I will say, in the first place, that the apothecary has no claim whatever to the physicians' prescriptions. That he is but the mere compounder of the medicines prescribed, and the custodian of the prescription. As to the patients, we know what a control the physician exercises over them; and when they know that we are actuated in this matter by a due regard for their interests, there are very few, if any, who would fail to comply with our directions; at all events, in the absence of any well authenticated judicial opinion against our right of control, it is a fair deduction that we have such."

The Doctor would further add, that in introducing these resolutions here, he did so out of deference to the opinion of several Fellows of the Academy; indeed, he might say, contrary to his own judgment, as he deemed it more properly within the sphere of the County Society. He would say, however, that he thought the Academy ought to consider it, as it is due to the action of the other Societies, that it should be considered here. No further action is required of the Academy, other than its endorsement and the transmission of these resolutions to the State Medical Society for its final action, for it is through the State Medical Society that any defect in the present law—if any such exist—will be corrected by the proper legislative interference.

Dr. O'SULLIVAN then submitted the following preamble and resolutions, which were adopted unanimously, and referred to the State Medical Society:

Whereas, The attention of this Academy has been called to the repetition of prescriptions, containing active ingredients, by druggists, without the written order of physicians; and *whereas*, serious consequences to patients are liable to ensue; therefore,

Resolved, That we respectfully request the druggists of this city not to repeat such a prescription without the written order of a physician, he being the only competent judge of the propriety or necessity of such renewal.

Editorial Department.

Periscope.

Conium, Belladonna, and Hyoscyamus.

Dr. Harley, in the Gulstonian Lectures at the College of Physicians, considered "The Physiological Action and Therapeutic Uses of Conium, Belladonna and Hyoscyamus, alone and in combination with Opium."

The action of conium is confined to the motor centres, causing temporary depression of the functional activity of the corpora striata, the minor centres of motion, and the whole reflex functional activity of the spinal cord. Its action is in proportion to the motor activity rather than to the muscular strength; a restless child will take, without appreciable effect, a dose sufficient to paralyze an adult of indolent habits. The earliest indication of its effect is ptosis and dilated pupil. Its last effect is complete obliteration of all muscular movement derived from the cerebro-spinal motor tract. He considers that the powdered leaves, the ordinary extract and tincture made according to the British Pharmacopœia, are nearly worthless; the "succus" being the only preparation of value. The dose of this varies from 1½ to 8 drachms, according to the activity of the patient. He considers it valuable in tetanus, chorea, epilepsy, spasmodic affections of the stomach and œsophagus and muscular tremor. The active principle was not found in the urine.

Belladonna and atropia in equivalent doses have the same action. Atropia acts the same, whether taken by the mouth or injected under the skin; only by the latter method its action is much more rapid. Atropia is eliminated by the kidneys; it was found in the urine eighteen minutes after the injection of one forty-eighth of a grain, and is entirely removed at the end of two or three hours. The effect of small doses of the alkaloid, or its salts, is to cause frequency of the pulse, transient giddiness, dryness of the mouth, dilatation of the pupil. Sometimes there is delirium. In two or three hours the effect passes off. Children are less susceptible than adults to its action. Caustic potash and soda decompose the alkaloid. Caustic ammonia and lime will at most only delay its action. Therapeutically, belladonna may be considered—1, as a diuretic; 2, as a means of increasing the oxidizing process within the body; 3, as a direct stimulant to the sympathetic nervous system. It is peculiarly useful as a cardiac stimulant, in this respect surpassing all other medicines; but it must be used in doses sufficient only to produce this effect, and with not more than a slight dryness of the mouth. One hundredth of a grain of sulphate of atropia, given subcutaneously, is sufficient for this.

Hyoscyamus and the alkaloid hyoscamia are physiologically identical; their action is at first a slight increase in the frequency and power of the pulse, then a considerable diminution, accompanied by giddiness, sleepiness and dilatation of the pupil; in some cases, slight twitching, dryness of the mouth and air-passages, and delirium. Children are not very easily susceptible to its action. Dr. Harley places hyoscyamus between opium and belladonna; resembling opium in its somniferous properties, and belladonna in its action on the sympathetic system, as indicated by the pulse. Hyoscyamia appeared in the urine twenty-two minutes after the subcutaneous injection of one-fifteenth of a grain, and two hours and a half after, two drachms of the "succus" taken by the mouth.

Reviews and Book Notices.

NOTES ON BOOKS.

We wish to call attention to the beautiful "Sea-side Number" of the American Naturalist. It contains popular and instructive articles on common animals and plants of the sea-shore, and will form a most entertaining companion to all who visit the coast. The Naturalist is a well-edited magazine, and deserves support. It is published by the Peabody Academy of Science, Salem, Mass., 25 cts. per copy, $3 per annum.

Proceedings of the State Medical Society of Kentucky. Meeting for re-organization April 1867, and the Thirteenth Annual Meeting, April, 1868. Cincinnati: Robert Clarke & Co. 1868. 1 vol. 8vo., pp. 113.

Transactions of the Medical Society of the State of West Virginia, instituted April 10th, 1867, together with the Code of Ethics, Constitution, and By-Laws. Wheeling. 1868. 1 vol. 8vo.; pp. 80.

Constitution, By-Laws, Officers, Standing Committees and Members of the San Francisco Medical Society; also, the Code of Ethics adopted by the Society, and the Inaugural Address of the President. San Francisco. 1868. 8vo., pp. 36.

The first of these pamphlets at once attracts the eye by its handsome tinted paper and antique-faced type. Besides the Minutes of Pro-

ceedings it contains a number of well-prepared articles. The first is the address of the President, Dr. Porter, on the general relations and duties of the medical profession to the public. Then follows the report of the committee appointed to memorialize the legislature for the enactment of a law to provide for the registration of all births, marriages and deaths in the State—a most praiseworthy move. The report of the committee on "Tuberculosis, its Inoculability and Transmissibility," gives a very thorough and unbiased review of all that has been done and said of importance on that grave question. Then follow reports on the epidemics of the State and on milk sickness, which will also be found to embody much useful matter. The volume closes with a letter from Paris, by Dr. L. P. Yandell, Jr., delegate to the National Medical Congress, well worth perusal.

The call for the formation of the West Virginia State Medical Society was first sent out in February, 1867, signed by sixteen physicians. The necessity of some such organization in the interest not less of the public than the profession, was clearly and tersely set forth, and the objects and aims of the Society defined. It met with a response from a number of intelligent practitioners, and within less than a year the members had increased to the very respectable figure of sixty-eight, as we see from the list given in the present volume of Transactions. Dr. John Frissell, of Wheeling, is the President, and we have from him, in this volume, a well-written address. On the whole we judge the Society is in a flourishing condition, and likely to prosper, as we sincerely hope it will.

The San Francisco Medical Society has been recently organized, and of about 300 doctors of all "schools", sexes, and colors, who are entered on the Directory of that city it counts forty members. From looking over the names we judge that it includes all the talent and most, if not all, the respectability of the profession there, and no doubt will exert an excellent influence. We are rejoiced to see that all these Societies give a proper prominence to the Code of Ethics laid down by the American Medical Association, which everywhere and at all times should be our guide.

The Use of Tobacco, and the Evils, Physical Mental, Moral, and Social, resulting therefrom. By John H. Griscom, M.D. G. P. Putnam & Son, N. Y. 1868. 12mo., pp. 37.

This is an energetic counterblast against the general puffing and chewing propensities of the day. It has become fashionable among some medical men to rather approve of the use of tobacco, or at least to wink at it, and ignore the serious evils it causes. Yet hardly a month passes that we do not see reports of the disastrous effects of its excessive use on mind and body, in some of our exchanges. We have, in fact, experienced these effects to a certain extent ourselves, and were obliged to abjure the weed, solely because of its disturbing influence on the cardiac functions. No unprejudiced mind will dispute its general evil influence, and though we do not endorse all our author's reasoning, nor suppose that it is invariably harmful, we do believe that its use is fraught with danger, and ought to be earnestly discountenanced as opposed to public hygiene and——cleanliness.

Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, etc. New York: Robert M. Dewitt. 1 vol., 8vo., cloth, pp. 158.

The author does not attempt anything new in the field of diagnosis; he only aims to sum up clearly and concisely, in a form handy for the student and practitioner, those rules for physical diagnosis now generally accepted by the best teachers. He includes the physical signs of pulmonary and cardiac diseases, and of the abnormal changes in the different abdominal organs (stomach, intestines, liver, spleen, etc.) The work is handsomely printed, and illustrated with twenty wood-cuts. The style is simple and perspicuous, and the writer judiciously avoids many of those over-refinements of diagnosis which render many such books of little value to the student. Undoubtedly Dr. Loomis' work will meet with a ready sale, as it gives just such information, and no more, on the matter of diagnosis as every physician must have.

Medical Examinations for Life Insurance. By Adams Allen, M.D., LL.D. Third edition. Chicago, Clarke & Co. 1 vol., cloth, 8vo., pp. 143.

The increasing popularity of Life Insurance, and the influence that we may suppose will be exerted on public hygiene by the investment of such an enormous amount of capital, all staked on the prolongation of life, attach to such works as this a peculiar value at the present time. There is no doubt a criminal laxity on the part of many Examiners—we have seen many instances of it—which can only be explained by an ignorance of the responsibility their position involves, or else an ignorance of the proper way to make an examination. We hope that such

will buy and read Dr. Allen's book, as they will derive from it a large amount of useful information, and very full instructions in their duties.

Catalogue of Books in the Library of the Surgeon General's Office, Washington, D.C. Surgeon General's Office, June 12, 1868. 8vo., pp. 147.

We really had no idea what a valuable medical library was collected at Washington until we came to look over the pages of this catalogue. Not only are there all the recent contributions to our professional literature, but many old and rare works have been collected, such as rarely are seen even in the best private libraries, and which to the student of medical literature are of the highest value. There are in all about 7000 volumes. As a nucleus of medical information, and as affording a rich field for medical researches, we doubt not that, in time, this library will become of the greatest importance to our country at large. Those physicians who publish monographs and pamphlets would do well always to forward it a copy, as their labors will thus be secure against destruction, and always easy of access. We look upon its establishment as a most auspicious fact.

The Family Adviser and Guide to the Medicine Chest. A concise Handbook of Domestic Medicine. By a Physician. Philadelphia: John Wyeth & Bro. 1868. 16mo., cloth, pp. 104.

This handbook is intended to accompany the medicine chests which Messrs. Wyeth & Bro are putting up for family and ship uses. It requires great discretion to advise a layman how to administer drugs, when to give, what to give, and when to withhold his hand, in short

"Was er thun und lassen muss."

But after examining the volume with much attention we think that, in this instance, the writer has hit the mark with great accuracy, and we have never seen a volume on Domestic Medicine—always a *bête noir* to us—which we could so conscientiously recommend to the public as this one.

EXCHANGES.

We are in the regular receipt of the following medical exchanges:

Atlanta (Ga.) Medical and Surgical Journal. Monthly.
Baltimore, Amer. Jour. Dental Science. Monthly.
Boston, Journal of Chemistry. Monthly.
Boston Medical and Surgical Journal. Weekly.
Buffalo Medical and Surgical Journal. Monthly.
Chicago Medical Examiner. Monthly.
Chicago Medical Journal. Fortnightly.
Cincinnati, Dental Register. Monthly.
Cincinnati Lancet and Observer. Monthly.
Cincinnati Medical Repertory. Monthly.
Detroit Review of Medicine and Pharmacy. Monthly.
Galveston Medical Journal. Monthly.
Indianapolis, Ind., West. Jour. of Medicine. Monthly.
Keokuk, Iowa, Medical Journal. Quarterly.
Leavenworth, Kansas, Medical Herald. Monthly.
Montreal, Canada Medical Journal. Monthly.
Nashville, Tenn.. Journal Med. and Surgery. Monthly.
N. Lebanon, N. Y., Journ. Materia Medica. Monthly.
New Orleans Journal of Medicine. Quarterly,
New York, Druggists' Circular and Chemical Gazette. Monthly.
New York, Journal of Applied Chemistry. Monthly.
New York Medical Gazette. Weekly.
New York Medical Journal. Monthly.
New York Medical Record. Fortnightly.
New York, Quarterly Journal of Psychological Medicine. Quarterly.
New York, Journal of Obstetrics and Diseases of Women, etc. Quarterly.
Philadelphia, American Journal of Medical Sciences. Quarterly.
Philadelphia, American Journal of Pharmacy. Bimonthly.
Philadelphia, Dental Cosmos. Monthly.
Philadelphia, Medical News and Library. Monthly.
Richmond, Va., and Louisville, Ky., Medical Journal. Monthly.
Salem, Mass., American Naturalist. Monthly.
Salem, Oregon, Physio-Medical Journal. Monthly.
St. Louis, Humboldt Medical Archives. Monthly.
St. Louis Medical and Surgical Journal. Bi-monthly.
St. Louis Medical Reporter. Fortnightly.
San Francisco, California, Pacific Medical Journal. Monthly.
Utica, American Journal of Insanity. Quarterly.

FOREIGN.

Braithwaite's Retrospect. Half-Yearly. N. Y., Reprint.
Ranking's Abstract. Half-Yearly. Philad'a, Reprint.
London Lancet. New York, Reprint.
London Lancet. English weekly edition.
London, Medical Times and Gazette. Weekly.
London, British Medical Journal. Weekly.
London and Dublin, Med. Press and Circular. Weekly.
London, Pharmaceutical Journal.
London, British and Foreign Medico-Chirurgical Review. Quarterly.
London. Journal of Mental Science. Quarterly.
Edinburgh. Medical Journal. Quarterly.
Glasgow, Medical Journal. Monthly.
Dublin, Journal of Medical Science, Quarterly.
Archives Générales de Médecine.
Bulletin Général de Thérapeutique.
Gazette Hebdomadaire.
L'Evénement Médicale.
Berliner Klinische Wochenschrift.
Deutsche Klinik.
Wiener Medizinische Presse.
Wiener Medizinische Wochenschrift.
Archiv für Pathologische Anatomie.
Archiv der Heilkunde.
Deutches Archiv für Klinische Medicin.
Vierteljahrschrift für Praktische Heilkunde.
Annalen des Charité Krankenhauses, zu Berlin.
Der Irrenfreund.
Magazin der Thierheilkunde.
Der Militärarzt.
Bull. für Sânitats-polizei.
Allgemeine Medicinische Central Zeitung.
Central Zeitung der Medicinischen Wissenschaften.
Journal für Kinderkrankheiten.
Allgemeine Militärärztliche Zeitung.
Revista Trimensual de Medicina y Chirurgica.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 4, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VOLUME NINETEENTH!

This is the initial number of the *nineteenth* volume of the MEDICAL and SURGICAL REPORTER in its weekly form. Of this number, more than TEN THOUSAND copies are printed. Our subscription list grows more steadily and rapidly than ever before, and we anticipate a still greater increase in the future. We shall look to the friends of an independent practical periodical medical literature to sustain us in the future, as they have done in the past.

NOW IS THE TIME FOR NEW SUBSCRIPTIONS!

MEDICAL TEACHING in PHILADELPHIA.

If we may believe our daily newspapers, the University of Pennsylvania is very poor—sadly in need of endowment funds. While this may be very true in respect to the other Departments in the University, we can scarcely believe that it can be so of the Medical Department, as its classes are quite sufficient to give its professors a very liberal support, besides providing well for incidental expenses—that is, on the present plan of supporting the institution.

It occurs to us, however, since the question of endowment has been started by the papers, whether an endowment of the Medical Department would not be desirable, and add to its efficiency and usefulness, enabling it to impart instruction to its large medical classes at a greatly reduced cost to the student, and with greater independence on the part of the professors.

But where should this endowment come from? The experience of the medical department of the University of Michigan shows the danger of a State endowment. That should be avoided, unless it can be had independent of state control. Private beneficence would seem to be the proper source from whence to procure an endowment. But the amount needed for a liberal endowment—from $500,000 to $750,000—is immense. A portion of this amount may be obtained from the present property and endowments of the University. But a large amount would still have to be raised. Now, suppose that the alumni of the Medical Department of the University should undertake to raise an endowment. Estimating the number of those living at 2500, each one would need to raise $200 to create an endowment of $500,000.

This plan is, to be sure, liable to the objection of being probably not feasible, yet, it is, after all, the only plan that we can conceive, of which would put the University or any other medical school on an entirely independent basis. A State endowment of half a million would be a very pleasant thing, until a gentle reminder of dependence should come from an assinine legislature, like that which lately visited the medical department of the University of Michigan, in the shape of a chair of some medical ism or pathy, established at the earnest demand of a portion of the sovereigns that rule the State.

There is probably no medical school in the country that has so strong a claim on the medical profession for an endowment as this. Is the idea that one might be obtained through the influence of its alumni wholly chimerical?

We are anxious to see both the medical schools of this city more closely allied with our principal hospitals, that they may enjoy greater facilities for clinical instruction. The University and the Pennsylvania Hospital being the oldest medical school and hospital, it would seem natural that they should be allied. Cannot space be found on or near the grounds of the Pennsylvania Hospital for new and improved college buildings for the Medical Department of the University? In the meantime, the departments of Arts, Law, etc.,

might seek quarters in some more rural part of the city.

The discussions in our daily newspapers on the subject of an endowment of the University, taken in connection with rumors that we have heard, that both the Medical Department of the University, and the Jefferson Medical College expect shortly to seek more eligible quarters, have led us to give expression to the above ideas, which, though they may seem utopian and impracticable to some, are, nevertheless, we believe, worthy of thought.

Notes and Comments.

The Half-Yearly Compendium.

The second number of the Compendium is in press, and will be ready about the middle of the month. A very large amount of excellent, practical material has been prepared for its pages from Foreign and American journals. Our January number gave abstracts from more articles from European journals, than did the republications of either *Ranking* or *Braithwaite*, for that month, and nearly as many articles as both of those journals put together. Our abstract of American Medical literature in that number was full, while those journals generally take very little notice of our medical literature. The forthcoming number of the Compendium will be printed with new type, and it is issued in an *attractive*, *readable* form.

American writers are as capable of preparing this popular kind of periodical literature as British writers are, while they are much better judges of the wants of the American reader. Our enterprise, for these reasons, has been remarkably well received; and we are encouraged to believe that it will command, as we shall try to make it deserve, the support of all the friends of progress in our profession.

Notice.

In an article on obscene and immoral publications in the Reporter for April 11, we mentioned the title of two as the *New York Medical Journal*, and the *Herald of Health*. We really did not suppose that any of our readers would imagine that we referred to either of the well-known periodicals published under those titles in New York City. But as we have been told that certain acute minds have detected us in a glaring falsehood in our statement, we deem it prudent to state that we did not refer to any publications issued by the firms of Moorhead, Bond & Co., or Miller, Wood & Co., but to certain disreputable namesakes published by some scoundrelly quack doctors as advertisements for their nefarious wares.

Physicians on Street Cars.

On turnpike and plankroads throughout the country, physicians are allowed to ride at reduced rates of toll, by paying a fixed sum quarterly. A similar privilege should be granted on city railroads. The tax upon their receipts is very heavy, under the present arrangements, and bears most unequally upon them, and especially on those members of the profession who can least bear it—the young and the poor, who cannot afford to keep a horse. We have seen it calculated that from 8 to 10 per cent. of a physician's collectible fees for out visits went toward payment of car fare. This is a question of interest in every city. Shall we not make a combined effort to obtain from the Boards of Presidents an equitable arrangement here? Let us hear from other medical journals and medical societies; let those physicians who are directors of passenger railways urge the matter.

Hydrophobia.

We find a statement in the *Newport Daily News* to the effect that some two or three weeks ago, Mr. Francis H. Todd, a young man about 21 years old, of New Haven, Ct., was bitten by a strange dog in the leg. He at once obtained medical advice, and the wound apparently healed up. On Monday he fell into a sleepy stupor, which ended in setting him raving with hydrophobia, and he died on Tuesday in terrible agony.

We should be glad to hear further particulars of the case.

Curara.

M. Du Cazal sums up, in an inaugural treatise, the existing knowledge of the origin, action, and therapeutic uses of curara (*L'Union Médicale*, Feb. 28th). Its origin is—unknown; its therapeutic uses—*nil;* its physiological action is, to annihilate the functions of motor nerves, leaving sensibility untouched. It produces polyuria and diabetes. In fourteen cases of tetanus, in which it has been tried, there are only three recoveries—very doubtful indeed as therapeutic successes.

Prizes.

A certain M. D'Ourches has made over to the Parisian Académie de Médécine the sum of 25,000 francs, ($5,000,) to be offered as prizes as follows: 20,000 francs for the discovery of a simple, sure, easily practicable method of determining the presence of death. It must be a method which can be used by uneducated persons at any time; 5,000 francs for a similar method for the same purpose, where neither electricity, galvanism, or any complicated process is used.

Lying-in Wards.

The Florence Nightingale lying-in ward in King's College Hospital, has been closed on account of the constantly increasing mortality. It was founded for the purpose of instructing duly qualified midwives to be employed in attending on the poor, under proper medical supervision. The most elaborate precautions had been taken by Dr. Farre for the purpose. The long ward was only employed for convalescent patients. There were two separate delivery wards, which were used alternately for three weeks at a time, and in the interval the empty room was thoroughly cleansed and disinfected. Each patient had 3,200 feet of breathing air. All students engaged in dissecting, or in attending the surgical practice of the hospital, were prohibited from entering the ward. In spite of every care, the mortality had increased each year; the average mortality since the ward was opened having been 1 in 28.9 cases.

In a discussion on the subject in the London Obsterical Society, Dr. Barnes observed that this tendency to repeat a fatal mistake was more the fault of the lay members of society than of medical men. He did not suppose that any physician in the room would now advocate the establishment of a lying-in ward in a general hospital. Dr. Farre had never approved of it. He himself had strenuously resisted a proposition, at one time contemplated, to establish a similar ward in the new St. Thomas's Hospital. So deeply had the mortality of lying-in hospitals, even of those constructed with every care that modern research could devise, impressed many of the most eminent men in Paris, that the expediency of suppressing these hospitals and of substituting home midwifery was now admitted.

Dr. Graily Hewitt said that lying-in hospitals, as they had been organized up to the present time, were most undoubtedly objectionable. The secret of the successful treatment of lying-in cases was isolation. If the patients were isolated from each other by suitable means and in suitable buildings, there was no reason why the mortality should be higher in a lying-in hospital than elsewhere; but in the existing hospitals these precautions had not been attended to.

Insane, Idiots and Inebriates.

We would call the attention of our readers to the facilities offered in Philadelphia and vicinity for the treatment of the insane, of idots and of inebriates. The School for Feeble Minded Children, beautifully located at Media, a few miles from the city, is under good management, and has been the means of doing much good. Dr. Isaac N. Kerlin is the superintendent. The Home for Inebriates, also located at Media, under the efficient charge of Dr. Joseph Parrish, is an attractive and well conducted establishment. We have also for the treatment of the Insane, the Pennsylvania Hospital for the Insane, and the Friends' Asylum at Frankford, both well known public Institutions, under the able management respectively of Drs. Kirkbride and Worthington. Then we have an excellent private Hospital for the care of the Insane—Clifton Hall—where a few patients are taken into the family of Dr. Given, a gentleman thoroughly qualified to superintend such an institution. Clifton Hall is beautifully located, with attractive surroundings, in Delaware county, about seven miles from the city. We would commend it to the notice of our readers.

Hygiene of Schools.

While in this country we devote more attention than perhaps any other nation to the cause of general education, we are less careful of the physical health and comfort than they are in Europe. We notice in a recent number of the *Berliner Klinische Wochenschrift*, (Ap. 9), a review of a little work by A. Herman, of Brunswick, on the Proper Construction of School Desks. Among other points, it recommends that the seats shall be run under the desk to the extent of two to two and a half inches, and the distance from the seat to the foot-board equal 2-7th of the height of the scholar. Such directions, though seeming excessively minute, are, in fact, of the highest importance to the health and efficiency of scholars.

[Readers of the Reporter are invited to send to us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Answers to Correspondents."]

Correspondence.

DOMESTIC.

Aortic Anomaly.

Editors Med. and Surg. Reporter:

Most anatomical irregularities or deformities are usually of great interest to the lover of medicine and surgery, notwithstanding no practical benefit or physiological truth is developed by such records. This interest is intensified or diminished in proportion as the malformation is common or of rare occurrence. If no higher object is attained in reporting such cases, they serve to illustrate the resources of the economy in adapting its organs and their operations to such deformities, thereby maintaing the integrity and health of the body to a good old age.

The following case is not a startling one, yet one of rare occurrence, so far as my knowledge extends, and is a great departure from the normal condition of the ascending aorta. The case is one in which the arch of the aorta is formed above the clavicle and perceptible to the sight.

The lady upon whom this irregularity occurs is 78 years old; has been an active, energetic and industrious woman; small bones, thin flesh, but of great physical endurance. When a small girl she noticed a heavy throbbing on the side of the neck while taking excessive exercise, but the circumstance never attracted special attention. She does not think there has been any change in the character of the throbbing, or appearance of the neck during her long life, and hence we conclude the irregularity is congenital.

The heart is in its proper anatomical place, gives out healthy heart sounds, without any indications of cardiac or aortic aneurism.

The ascending aorta rises above the clavicle, nearly two inches to the right of the sternum, before it commences its curvature, and about the same distance above that bone, before the highest point of the curvature is attained. Before it rises above the clavicle, the vessel recedes from it, lies closely upon the neck, and as the arch forms, runs in a lateral and anterior direction until it disappears behind the left side of the sternum. The vessel lies so superficially, that its only covering is the sterno-cleido-mastoid and integuments, which are very thin, and may be readily grasped with the fingers around the entire curvature. The innominata is given off a short distance above the clavicle and can nearly be encircled with the fingers, certainly affording a fine opportunity for ligation. The left carotid and subclavian are given off as the aorta descends. The impulse of the heart is not very distinct, and the pulsations not so readily connected as at the radial artery. The aorta is continuously tense, or without any perceptible change from the diastole or systole of the heart, and so far as the strength of my fingers were exerted, admitted of but little compression, owing, as is well known, to arterial pressure.

H. P. Ayres, M. D.

Fort Wayne, Ind.

A Case of Addison's Disease.

Editors of Medical and Surgical Reporter:

Jas. Dolan, Co. A, 20, U. S. Infantry, æt. 28. Born in Ireland; father and six brothers living; mother dead. Emigrated to America in 1861. Enlisted in the U. S. service in 1865. Occupation when enlisted dry-goods clerk.

Health excellent from childhood. In 1864, suffered from *dyspepsia*, which he ascribed to sedentary habits. Soon relieved by appropriate treatment, and enjoyed good health until May, 1867, when he was confined in hospital, at Baton Rouge, La., three weeks, by reason of remittent fever. In July he was again seized with the same complaint, and since that period up to the present time has been constantly on the sick report.

I first saw the case in March last, when I took charge of the Post Hospital, at Baton Rouge. The patient applied to me for relief from dyspepsia, which he said he had had for some time. He also remarked "that *he was very weak, and that he could not get his strength from anything the Doctor had given him.*" As I was questioning him further in regard to his symptoms, I noticed that his skin was of a brown color, and on inquiring the cause, he informed me "that it began to *grow dark* in 1865, and that a physician to whom he had applied diagnosed '*cyanosis.*'" (The patient is not aware of ever having taken nitrate of silver.) Feeling no discomfort from the affection, he thought no more about it.

Enough, however, was ascertained to satisfy me that this was a case which would bear careful investigation.

The skin truly presented a curious appearance. The upper extremeties, scalp, chest, and shoulders were of a dusky-brown hue throughout. The chest and back bore numerous cicatrices resembling those made by a scarificator in front, and by a lash behind. No cicatrix was discolored, but each presented a strong contrast from the surrounding area of darkness. Approaching the

lower extremeties this gradually faded, until it appeared lost altogether at the feet. Between the thighs the color was of a stronger shade. The buccal cavity was of cerulean hue. The skin had a peculiar, soft, sticky, clammy feel, almost cadaveric. The hair was atonic. Pulse about 60; very feeble and compressible. Resonance good, slightly emphysematous. Respiration not strong. Moist mucous râles were heard before and behind in both lungs.

Heart's sound heard loudest at apex. Area of dulness extended downward some two inches below normal. Accompanying systole at apex was *a bruit de scie*, which was observable, though with less distinctness over aortic and mitral valves. Posteriorly the ear could not with distinctness distinguish between the heart's two sounds.

No tenderness over kidneys or liver. Patient complained of constant uneasiness about the epigastrium, cold extremeties, and heaviness after eating. Palpitation was experienced on any slight exertion. Spirits were much depressed. Occasional nausea and vertigo.

On admitting to hospital for treatment, it was ascertained that patient had a slight diarrhœa, which being of a painless character, had not previously been mentioned. Diagnosis: "Addison's Disease of the Supra Renal Capsules."

Treatment was mainly addressed to the organs of digestion, and such remedies administered as would most assist assimilation. Good results were obtained from the exhibition of fel. bovinum, combined with ginger. Sub. nitrate bismuth in full doses before eating. Particular attention was given to the pores by means of sponge baths, and frequent rubbing with a crash towel. Diet light and nutritious. The bowels were often torpid, and occasionally malarial complications would arise, which demanded appropriate treatment. Great care was taken, however, to choose such remedies as would least debilitate, and such as would be mostly in unison with the original plan of treatment.

June 5th. Patient has certainly not retrograded. The discolorations remain the same. The strength may have improved slightly. Spirits and appetite decidedly advances. Since March 31st there has been a succession of relapses, after a prospect of permanent improvement was gained. There is no hope of ultimately bettering the man's condition, but we hope to keep him at least where he is for a season.

Chandler B. Braman, M. D.

Brighton, Massachusetts.

News and Miscellany.

Medical College Commencement.

Cincinnati College of Medicine and Surgery.

The close of the twenty-fourth session of the Cincinnati College of Medicine and Surgery, was celebrated June 26th. Quite a large audience was present. After prayer by the Rev. C. Ferguson, the Secretary of the College, Professor R. C. S. Reed called upon the following young gentlemen to receive the degrees of M. D. from Rev. Dr. Lilienthal, President of the Board of Trustees: R. B. Elderdice, O. Broadbent, Mr. Dunlap, C. Viets, G. M. Tate, E. P. McMullen, J. Moore, A. A. Shoats, J. S. Ewan, J. Priest, D. N. McBride, Mr. Armstrong, and Mr. Hodges.

Dr. Lilienthal's remarks in conferring the degrees were very happy and felicitous. He referred to the high position of the medical profession, and then traced very briefly the relation between medicine and the arts and sciences, showing how closely all progress in the latter was connected with advances in the former.

The valedictory address to the graduating class, by Professor D. D. Bramble, was listened to with earnest attention. The remarks of the Professor were very practical, and the store of good advice and valuable suggestion which they contained can hardly but be remembered by the young men during all their professional career.

The valedictory address from the class was to have been delivered by E. P. McMullen, but on account of his serious illness, it was necessarily omitted.

With a benediction by the Rev. Mr. Ferguson, the audience was dismissed, and one of the most pleasant commencements of the college was ended.

The term which has just ended has been a very successful one. The class which has been in attendance on the course of lectures has been large; the number of graduates is also large. The prospects for the next term are very fine. The chair of obstretrics, which has been left vacant by the resignation of Professor Buckner, has been filled by the appointment of Dr. Thomas Carroll, who has been connected with the college during the last two sessions. A chair of Psychology and Diseases of the Mind has been established, and will doubtless meet the cordial approbation of the profession.

——— Dr. Lewis Rogers, Dr. D. W. Yandell, and Dr. Powell, have resigned their professorships in the University of Louisville.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Dodge—Hatch.—In South Royalton, June 22d, by Rev. D. W. Fox, Albert Dodge, M. D., and Miss Ada M. Hatch, both of Chelsea.

Guill—Phillips.—At the residence of Col. W. M. Watkins, by Rev. W. D. Harris, Dr. John H. Guill, of Green Hill, Tenn., and Miss Provie E. Phillips, of Dyenburg, Tenn

Inhoff—Dale.—In Carlisle, Pa., June 4th, by the Rev. John C. Bliss, Edward P. Inhoff and Lizzie G., eldest daughter of D. W. Dale, M. D., of Carlisle.

Matkin—Taylor.—At Nokomis, Ill., at the residence of the bride's parents, June 3, by Rev. Mr. Rugan, Mr. John H. Matkin, and Cornelia, daughter of Dr. B. R Taylor, late of Brooklyn, N. Y.

Piffard—Strong.—In New York, June 17th, at St. George's Church, by the Rev. Stephen H. Tyng, D.D., Henry G. Piffard, M. D., and Helen H., daughter of the late Wm. E. Strong, Esq., all of that city.

Reynolds—Kissam.—In New York, June 17th, by Rev. John Cotton Smith, D.D., David J. Reynolds and Lulie E., daughter of Dr. James B. Kissam.

DIED.

Carson.—In this city, on the 23d ult., Mary H. Carson, wife of Joseph Carson, M.D., and daughter of the late Henry Hollingsworth.

Doremus.—In New York, suddenly, on Friday, the 26th ult., Austin Flint, son of R. Ogden and Estelle E. Doremus, aged 2 years, 6 months, and 9 days.

Leavitt.—In Trenton, N. J., on the 23d ult, Annie Lucetta, daughter of Dr. L. and M. B. Leavitt.

Mackay.—June 20, at Stanwich, Conn., Mrs. Susan Mackay, wife of Dr. Hugh Mackay, aged 67 years.

Osborn.—At Westfield, N. J., on Sunday, June 8th, Dr. Corra Osborn, aged 75 years.

When 19 years old he was graduated at a medical college in New York, and soon began the practice of medicine in Westfield, where he enjoyed a large share of public favor, as a physician, Christian, and a citizen.

Sprague.—Drowned, at Richmond, Va., June 24, while bathing, Frederick, son of Dr. C. A. L. Sprague, aged 18 years.

Weiler.—In Belleville, Pa., March 18th, Mrs. Sarah S., Weiler, wife of Dr. Elias Weiler, aged 48 years.

OBITUARY.

Dr. Thomas C. Brinsmade.

Dr. Thomas C. Brinsmade, of Troy, died of heart disease on the 22d ult., while attending a meeting in behalf of the Rensselaer Polytechnic Institute. Dr. Brinsmade was born in New Hartford, Litchfield county, Conn., in 1803, and, after graduating at Yale College, went to Lansingburgh, were he remained until 1832, when he moved to Troy, and succeeded to the practice of Dr. Elisha Sheldon. In 1848-9, he was elected President of the Rensselaer County Medical Society, and in 1857-8, successively Vice President and President of the State Medical Society. In 1866, he was chosen Vice-President of the American Medical Association, and in 1867, was appointed delegate to the International Medical Congress at Paris. He was in the act of reading his report when he was seized with a sudden faintness, and became unable to proceed. Immediately a messenger was dispatched for medical assistance, but ere Dr. Catlin arrived, Dr. Brinsmade had become unconscious, and all pulsation had ceased. He died without a struggle, and his body was borne home by four of the Troy police. The peculiar form of heart disease of which Dr. B. died, is that known as angina pectoris, of which he must have been a secret sufferer many years. The Medical Society of Rensselaer County met in the Common Council Chamber on Tuesday, to take appropriate action.

For many years we have been proud of the friendship of this excellent man, in whose death the medical profession has lost one of its most distinguished members. We trust that some one will prepare for our pages an adequate biographical sketch of the deceased. Dr. Brinsmade was for many years a subscriber to the Medical and Surgcial Reporter, having first subscribed when it was published monthly at Burlington, N. J.

ANSWERS TO CORRESPONDENTS.

Dr. J. S., of O.—Prof. Gross' Eulogy on Dr. Mott has never been published.

Dr. J. M., of Ind.—Your communication will be attended to soon. It has unavoidably been laid over by the pressure of other matter.

Dr. J. M. Mc W.—The case you sent will appear shortly.

Dr. C. B. B., of Mass.—"What is the best instrument for transfusion of blood, and what is its cost? Is there any modification of hypodermic syringe for subcutaneous injection of quinine?" You will find a great variety of instruments described in the Trans. of the Pa. Med. Soc. for 1867, in Dr. Ullersperger's admirable essay on Transfusion. The best are simple silver cannules and syringe of Matthieu. There is no special modification of the hypodermic syringe for using quinine.

Dr. H. S. T., of Pa.—We know of no symptoms by which you can diagnose ulceration of fundus uteri. We advise you to try sponge dilators in the case.

Dr. W. H., of Pa.—The price of Tanner on Diseases of Children, is $3.00.

Dr. H. W., of Ill.—"What would you think of the administration of protoxide of nitrogen in a case of hydrothorax, where one lung, the left, is compressed and useless, and the heart beating on the opposite side. Patient feeble; has hectic every evening; no sweats; some troublesome cough. The case one of chronic pleurisy, and the probability that the fluid is purulent or semi-purulent. And if given, which form would be the best, by inhalation or in water?" We should have no hesitation in administering it by inhalation in such a case. No death from its use has yet occurred, though there are not wanting those who say it is dangerous.

Dr. N. E. W., of Miss.—I would like to have your opinion relative to the treatment adopted by Wützer & Redfinn Davis several years ago, for the radical cure of hernia? We have a good many cases throughout the county, and if the plan has proved a success or even warranted in its use, I would like to try it, and before doing so, would prefer to have the experience of those who have had opportunities of testing the matter thoroughly, and have seen the result of this plan of treatment." Wützer's operation is among the safest, and probably gives the best results.

Dr. T. C. L., of Pa.—In an obstetrical instrument case for $15.00 you get forceps (Hodge's, Bethel's, or any other usual pattern), blunt hook, vectis, uterine sound, Smellie's scissors and forceps, and probe.

Dr. K. M. H., of Pa.—We have examined the powder you sent us, but confess our inability to determine its constituents. It appears largely organic. It would require a careful analysis to say precisely what it is.

Dr. T. G. C., of Mo.—We cannot tell you where you can get a copy of Dr. Ryan's Obstetrical Remembrancer, or Dr. Thos. Cocke's Manual of Obstetrics. You would most likely get them from Wood & Co., N. Y. There was a syllabus of the principles and practice of Midwifery published in Philadelphia, under the title, Obstetrical Catechism, by Dr. Warrington, some years ago, now out of print.

Dr. A. S., of Ill.—The urine you sent had an acid reaction, and was markedly albuminous. No tube casts or oil globules. Albuminuria therefore.

METEOROLOGY.

June.	15,	16,	17,	18,	19,	20,	21.
Wind.....	S.	S. W.	N. W.	N. E.	S. E.	S. W.	E.
Weather....	Clear.	Clear.	Clear. Sh'r. t. & l.	Clear.	Cl'dy.	Clear.	Cl'dy. Sh'r.
Depth Rain..			1-10				1-10
Thermometer.							
Minimum.....	56°	59°	60°	60°	62°	65°	68°
At 8, A. M.....	78	76	70	73	71	79	80
At 12, M.....	82	81	81	79	80	87	82
At 3, P. M.....	83	81	75	78	84	90	82
Mean.....	74.75	74.25	71.50	72.50	74.25	80.25	78.
Barometer.							
At 12, M.....	30.2	30.	30.	30.	29.9	29.8	29.9

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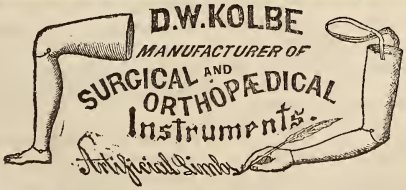

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The Lectures of the Session (1868-69) *will commence on the second Monday* (12*th*) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

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This Course will commence on Monday, September 7, and terminate on October 10.

The Lectures will be delivered as follows:

MICROSCOPY. JAMES TYSON, M. D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M. D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M. D., Physician to the Pennsylvania Hospital.

DISEASES OF THE SKIN. H. LENOX HODGE, M. D., Physician to the Children's Hospital.

MORBID ANATOMY. WILLIAM PEPPER, M. D., Physician and Pathologist to the Philadelphia Hospital.

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HENRY HARTSHORNE, M. D., Professor of Hygiene.

JOHN J. REESE, M. D., Professor of Medical Jurisprudence, including Toxicology.

The Fourth Course of the Auxiliary Lectures will begin on the first Monday in April, 1869, and terminate the last of June. These Lectures are free to all Students of the Regular Medical Course. 592—3 m.

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Professor HORATIO R. STORER will deliver his fourth private Course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

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Hotel Pelham, Boston, June, 1868. 592—

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LECTURES.—The regular course of Lectures will commence October 1st, and terminate the following March.

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ANNOUNCEMENT.

There was commenced in THE HERALD OF HEALTH for June, 1868, a series of valuable articles, entitled, "THE CARE, EDUCATION, AND REARING OF CHILDREN," to be written by Mrs. Horace Mann, Miss Elizabeth P. Peabody Mrs. Dio Lewis, Mrs. R. B. Gleason, M.D., Mrs. Isabella B. Hooker, Frances Dana Gage, Grace Greenwood, Elizabeth Oakes Smith, Sarah J. Hale, Mrs. C. M. Severance, etc., and they will be continued through the volume. The first paper is by Mrs. Horace Mann, on *The Care of Young Children*. The second article is by Grace Greenwood, on *The Education of our Girls*, which, we hope, will be read by every person who has a girl to educate. If the ideas promulgated by Grace Greenwood were put in practice, we should soon have a race of beautiful, strong women, instead of so many feeble, sickly ones as now. Parents, by all means get and read this one paper. In the July number there are articles on the "Art of Using the Body," by Rev. Washington Gladden; "Training the Child," by Mrs. E. Oakes Smith; "Sentimental Marriages," by Rev. O. B. Frothingham, etc.

Miss Peabody, who has devoted so much of her life to the education of very young children, has a paper on the "*Kindergarten Schools of Germany*," in the June number, which is of great interest to parents. Other papers will follow in succession, and the series will be exceedingly valuable to all who are interested in the improvement of the race. To secure the full series, subscriptions should be sent in at once. Price $2.00 a year; sample numbers 20 cents.

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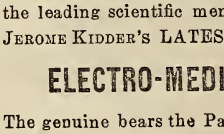

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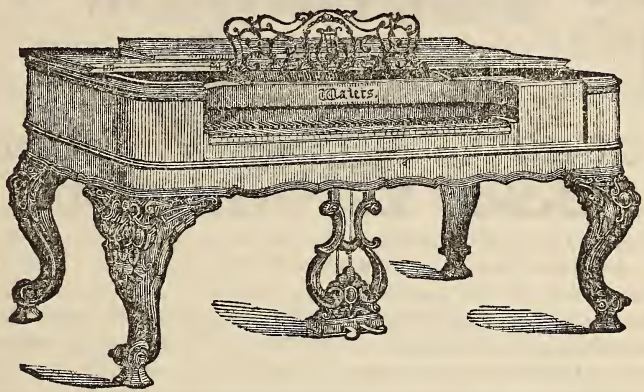

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ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

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A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

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A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 593.] PHILADELPHIA, JULY 11, 1868. [Vol. XIX.—No. 2.

Original Department.

Communications.

REPRODUCTION OF THE MAXILLARY BONES.

By Wm. H Atkinson, M.D.

Read before the N. Y. Medical Journal Association.

Mr. President and Gentlemen:

I felicitate myself upon this opportunity of giving expression to doctrines long entertained and variously practiced upon, respecting the destruction and reproduction of the maxillary bones.

There are three modes of expression of destruction (or death) of these bones.

1st. Simple solution of the lime salts, without destruction of the matrix.

2d. Caries or ulceration, destroying both matrix and earthy matter.

3d. Necrosis, or death of considerable territory in mass by privation of pabulum.

Could we agree upon what constitutes normal nutrition of bone, our work would be facilitated, for all these conditions of death of bone are but modes of interference by a presence adverse to this normal act.

Every organ has its elements or tissues of which it is composed. In like manner, there must be some distinct anatomical or primal element that enables us to distinguish one tissue from another.

This act of nutrition, it is clear, then, must be effected for each tissue by its primal body or smallest individuality. This will enable us to perceive that nutrition, normal or abnormal, must be elaborated in the cell territories, within and around the cells; and hence is extra-vascular, and in "the juices of the flesh," or mucoid mass of pabulum, (food for cells,) which is nothing less than the perfectly digested elements of food; in this final and finest product of the digestive function, the blood proper, resides the life of the system.

Anything that interferes, then, with the equable function of nutrition of bone-cells may be the cause of any form of disease or death to bone.

The force that enables the cells to imbibe that which they need, and reject unfit qualities or excessive quantities of pabulum, is resident in and about the cells, or that which amounts to the same thing, an appetency to the receptivity of this force holds its court in these occult territories. If, then, "The life of the body is the blood thereof," a text so often scouted, it is evident that the machinery by which this is conveyed to the remote portions of the body, must be in good working order to effect desirable results in nourishing old or reproducing new elements of tissues.

The simpler forms of disease demand the simpler modes of management.

1st. In the simplest forms of decalcification, with or without distension of the matrix, institute supporting treatment, locally and constitutionally. The local treatment may be effected by stimulants, astringent washes, and compress. The constitutional, by good feeding, air, sunshine, exercise, tonics, and agreeable surroundings.

Should this not succeed in inciting absorption or conversion into normal structures of the unhealthy contents of the matrix in a short time, I would advise incision of the sac, and careful removal by washing out all the fluid contents.

Immediately after this washing, distend the cavity by forcibly injecting a solution of the chloride of zinc, until the resilience of the walls will cause the piston of the syringe to fall back when the pressure is removed.

The strength of this solution of chloride of

zinc should range from 20 to 80 grs. to the oz. of distilled water, according to circumstances. For very susceptible patients, with low vital energies, the strength should be 30 to 60 grs. per oz. For persons of vigorous circulation and strength of body, I would use the maximum strength (80 grs). For anemic patients and sloughing tendencies the minimum should be used. In the great majority of cases the injection of the zinc need not be repeated.

That I may be clearly understood, permit me to state the object of using the zinc is to change the abnormal local condition, and stimulate the vessels to supply a colloid mass or magma to fill the vacant matrix of the bone, or pocket into which the new growth may be projected and matured.

Another and more forcible reason for using the zinc after emptying the pocket or matrix of decalcified bone, is to prevent the formation of pus, sanies, or other debris of broken-down tissues which is so likely to occur in recent cases if left to themselves after evacuation.

If asked for the rationale of this mode of preventing the formation of pus, etc., I would reply, so soon as the pressure of distension is removed by the tapping, the current force of the circulation in the capillaries has a tendency to push them with their connections into the chasm, thus relaxing and binding them so as to induce stasis of their contents, distension of their walls, and transmission of white blood corpuscles so rapidly as to cause them to die and become pus-cells, which are incapable of being wrought into even abnormal tissue.

I am aware that this very transit of the plasm and white corpuscles would be the most desirable condition of things, could it but be regulated so as to permit the building force to reproduce the connective tissue out of these lymph corpuscles, and thus work up the basis of the new osseous structure.

There is a form of death of the margins of the alveolar process, very prevalent, that is usually set down (justly or unjustly) to softening of the ligamentous structure and the calcigerous periphery of the alveoli by mercurilization. Where the softening involves a considerable depth of process, I have usually been able to refer it to constitutional condition. But where it is decidedly local, immediately under the margins of the gums, I have as frequently had cause to attribute it to local irritation from foreign deposit or injudicious efforts at keeping the teeth clean.

All that is necessary in purely local cases, though they have encroached upon the attachments of the root to the socket, even to the end of the root, and half its circumference on one side, is to remove all foreign material, polish nicely, wash clean, and dress with the zinc.

2d. Under the head of *caries* or ulceration of the maxillary bones, I deem it necessary to say but very little, either of the doctrine of what it is, or of the mode of cure.

In the first place, it is consecutive death of stratum after stratum of bone.cells.

In the second place, the cure consists in scraping or rasping away the entire dead and dying surface; to be followed by scrupulous removal of the debris of the scraper or rasp, and the use of zinc as before indicated.

3. *Necrosis.* This, indeed, has been the opprobrium of surgery from the earliest times; and it is impossible to hasten with too much celerity, any improved doctrine or practice. The old time-honored doctrine of abandoning such cases to expectant treatment, at least so far as the maxillary bones, (more especially the superior) are concerned, let us hope has had its day. In every case of necrosis, there is a stage of incipiency; and the difficulty of diagnosis of this stage, as the beginning of death of a considerable territory of osseus tissue, is the chief obstacle to aborting every case.

Let us ask what is it that dies, and why does it die? We answer, bone territory dies, and it dies because the supply of its nutrition is cut off. This is easy of proof, by injecting fresh arterial blood into freshly necrosed bone territory; and if in a single instane, bone may be resuscitated, what is in the way of resuscitating it in every case where the fresh supply of pabulum may be had? The standing doctrine announced by all the past

pathology of bones is this, namely "the periosteum is the bone producer, and the nourisher of bones." Here, as everywhere, the ambiguity of apprehension of what constitutes the tissues, is the great stumbling block against which we bump our pathological toes.

It were as good sense to say that the scaffold poles on the outside of a new building, are the builders of the walls of the edifice, as in the light of the present histology to assert that periosteum is the bone producer and bone nourisher.

What is periosteum? A term coming from the dead languages, meaning around a bone. So far so good. This term had its origin before the days of Löwinhek. But in defining tissues since his time, closer scrutiny has become the rule in the light of our present knowledge. It would be difficult to distinguish under the microscope, fragments of the duramater, capsule of Glisson, pericranium, peridonteum, perichondrium, perimisium, permeurium, or periosteum, one from the other, without the knowledge whence they were taken. What, then, is periosteum proper? It is simply connective tissue. What is its function? Simply limitation of organs.

More than the periosteum must be detached from the bone, to secure rapid reproduction of the part exsected.

A continuous stratum of osteoplasts on the osseous face of the periosteum, may be said to be the best bone seed. But I have reason to believe that true bone not unfrequently arises in the connective tissue, resultant upon the colloid contents of the pocket; whence parts of bone have been exsected, by independant, that is disconnected points of ossification.

What sort of metamorphosis these points pass through, unfortunately for my views, I have not been able to demonstrate, because my patients thus far persist in retaining for their own use the reproduced structures.

Whenever we are so fortunate as to be consulted in the first stage of necrosis, when the pain becomes located, and of that peculiar distressing character indicative of this condition, instead of obtunding the pain, by the administration of narcotics, thus permitting the disease to extend to greater distance. We should in every instance boldly cut down upon the seat of the pain, cutting entirely through not only the periosteum, stratum of osteoplasts, and external dense portion of the bone but into the bone cells proper.

In case the pain be entirely local, and at a single point, one transverse incision over and into the seat of the malady, will be sufficient to effect the abortion of the necrosis.

If the territory be considerable, in addition to the central incision a series of similar incisions should be made across the line of limitation between the healthy and diseased structure, sufficiently thorough and deep, to unload the capillaries, the sub-periostal cells and bone cells, as before indicated, so as to limit the further extension of this inflammatory stage of the necrosis. These incisions should completely encircle the diseased territory.

This treatment has never disappointed me in a single instance. If the operation is thoroughly done in accordance with these directions, supporting constitutional treatment will complete the cure, without a repetition of the incisions.

If the necrosis has progressed so far as to have effected separation between the hard and soft parts, causing the soft parts to bulge out and become thickened by infiltration into the cellular tissues without breaking through and forming sinuses, a modification of the previous treatment should be pursued, by opening into the centre with a strong tenotomy knife, carrying the point to the margin of the separated tissues, and cutting across this line between healthy and diseased action, on at least four sides of the denuded bone. The character of the discharge that comes from this cavity will indicate the requisite treatment. If it be glary, mixed with only moderate quantity of grumous mat ter of broken down tissue, it should be thoroughly washed with warm water, with a few drops of tincture of callendula dissolved in it; then dry the chamber with soft linen or bibulous paper wound upon a flexible probe, and repeatedly introduced until it indicates that the cavity is dry; after which inject with a solution of chloride of zinc, withdraw the syringe, and press a soft fine sponge over the orifice, so as to remove all uncombined chloride,

after which delicately introduce a tent into the orifice; this may be conveniently made by winding cotton or lint around a fibre of broom corn or other delicate structure, making it just large enough to be retained in the mouth of the orifice; when introduced by a twisting motion. Cut it off level with the surface, and place a little pack of cotton saturated with tannin and glycerine over the surface, to complete the dressings.

The next day, if there be no disposition for the tent to free itself, we may hope that our desire is accomplished; and even if it has slipped out of the orifice, and exposed no pus or sanies, and the coagulum formed by the zinc be not diffluent, we may still hope for good results, and should repeat the tannin and glycerine dressing without the tent, keeping close watch of the case until it issues in complete recovery, or refusal to return to a healthy state.

If resuscitation of the osseous structure fail us by this treatment, we will then have to deal with a necrosis, by careful removal of all that portion of bone deprived of circulation. This should be effected piece-meal, so as not to unnecessarily enlarge the orifice, thereby preventing the convenient formation of a pocket, for the retention of the coagulum, out of which to secure the new structure. When all the diseased tissue is removed, which is indicated by the peculiar feel of the instrument passing over living bone; and also, by the florid or arterial character of the blood, proceed to wash all debris away, and use the zinc as before, and dress with tannin and glycerine, without a tent.

If the patient present with open sinuses, discharging the offensive broken down plasm by which nature attempts to repair the parts, with attacked or free portions of necrosed bone in the cavities, proceed to remove piecemeal and delicately all the fragments of necrosed bone, to the limit of the diseased territory; and if the line of demarkation between living and dead parts be not well defined, proceed as before, to scrape, rasp or burr them down, until the healthy territory is invaded; cleanse, dry, inject with chloride of zinc, and apply the external dressing of tannin and glycerine, on cotton. Put the patient on supporting treatment; watch with the utmost care, secure cleanliness, in accordance with the foregoing directions, and you will not be disappointed in the expectation of favorable results.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 6.)

II. Ophtalmoscopic Characters of the Diseases of the Retina.

3. Apoplectic Retinitis, or Apoplexy of the Retina.

Under the inappropriate name of retinitis apoplectica is described in some of the works of certain German opthalmologists, a pathological condition of the retina, consisting in an effusion of blood into its tissue, of varying quantity and extent. Its position is most commonly found to be in its interior layer where it interpenetrates the textural elements of this part and presents itself under the ophthalmoscope in several different conditions. In other instances the blood makes its way inward toward the vitreous humor, or in the reverse direction to the choroid coat, the tendency being more particularly in the latter direction.

According to Schneller, as quoted by Zander, there are four kinds of blood-spots that may be distinguished. First, punctiform spots, round, ranging from the size of a pin's point to that of a pin's head, scattered over the retina, chiefly in a zone surrounding the optic disk and about twice its diameter, and so superficial that they appear to be situated almost in front of the retina. The second kind are very narrow, slit-shaped, in the erect image about one to one-half lines long and one-tenth of a line broad. The third kind are larger, about half a line long, and equally broad, or broader, and irregularly elliptical or semi-elliptical in outline. The last kind are large irregular patches, from the size of a split pea nearly to that of a silver three pence. They are usually found beside a vein, with the greater part of the spot on one side of it, and a very small part on the other.

The same authority states also that as to position the seat of these effusions is most commonly found to be a zone of the retina, defined by the second and third divisions of the veins. All four kinds are sometimes found together in the same eye, and sometimes only two of them. The punctiform hemorrhage is the most rare, the second and fourth kinds are the most frequent.

To these four forms of retinal hemorrhage of Schneller a fifth may be added, in which the blood is poured out in such quantity as to cover the whole fundus of the eye.

A specimen recently came into my possession in which from a blow upon the eye, an effusion had taken place between the choroid and retina, rupturing the latter membrane, and diffusing itself upon its anterior surface, so as to give the whole fundus a deep red color.

Usually in retinal apoplexy, when one large patch only exists, it will be found about the optic disk, and sometimes even encroaching upon the latter.

The disease is observed in both the plethoric and in the anemic; it sometimes occurs in connection with hypertrophy of the left venticle, and in those laboring under albuminuria; congestion of the brain, and those conditions which dispose to it, may also be ranked as occasional causes; hyperæmia of the retina, as we have already stated, sometimes produces sanguineous effusions into this membrane; scleroticochoroiditis has also been recognized as a cause.

There is nothing to guide us in our diagnosis of retinal apoplexy but the ophthalmoscope, as the disease occurs without any special exterior character by which it can be identified. The patient becomes amblyopic or amaurotic, and this may occur suddenly, during the night for instance, the person finding himself blind on awakening.

It often happens that we find in association with retinal apoplexy some form of paralysis, as ptosis, hemiplegia depending upon a cœtaneous effusion into some part of the cerebral masses.

The ophthalmoscopic characters are well marked and decisive. As stated above, the blood will be seen either in minute spots, scattered over the fundus of the eye, sometimes so closely packed together as to give the entire field of view a dark-red tint, or in large patches. When the optic disk is involved, as it is sometimes in part or wholly, its indentification is difficult, and if the effusion is considerable, impossible; the position of the disk is then indicated by the direction of the vessels only which in ordinary cases may be detected in some part of their course. The arteries, however, become so much obscured by the color of the fundus that they usually escape observation, the veins on the contrary, are enlarged, and easily seen in their tortuous course to their points of emergence. The patches, and markedly those near to and involving the disk, present an appearance of fine red striation, which is determined by the radiating direction of the fibres of the optic nerve.

It is important to study the relative position of the effusions to the vessels of the retina, as upon this is based one of the most reliable diagnostic signs between retinal and choroidal hemorrhage. By the giving way of a retinal vessel the effused blood will occupy a position in the plane of the retina, which may readily be distingished from blood poured out into the choroid, in a posterior plane and in front of which the retinal arteries must always be.

According to Desmarres there is even little difficulty experienced in discovering the point of the vessel from which the blood issues, for he states that there, instead of a bright-red patch reflecting light, will be found an accumulation of blackish blood, limited, and manifestly salient, which is always absorbed more slowly and later than the rest of the patch. This accumulation of blood embraces the vessel, and later we can recognize, with the progress of absorption, the precise point of the rupture, which remains clearly visible, especially on account of collection of pigment in its neighborhood.

Still further in the disease, the red patches lose their uniformity of color, and become marked with yellowish lines and dots, which by extension coalesce and finally occupy the whole extent. The papilla becomes again visible, and of its usually normal appearance, except that a slight enlargement of the vessels, and a dull white color of the disk remain.

In less fortunate cases the blood is poured out upon or in the neighborhood of the macula lutea, and the sight is suddenly and forever destroyed by the immediate changes in the retinal tissues, or by their subsequent degeneration and atrophy.

4. Albuminurial Retinitis.

This form of disease is similar to the preceding in there being hemorrhage into the retina; but there is an additional link in the chain of morbid changes characteristic of the constitutional disease of which the retinal disease is but an expression. There is added a textural alteration in the nervous elements of the retina, and in the connective tissue which support and bind them together. This textural change consists chiefly in an enlargement of the fibres of the retina, and in hypertrophy and fatty degeneration in the connective tissue, all of which are undoubtedly connected with a depraved condition of the blood, and malassimilation induced by albuminuria, and bearing the same relation with this disease in their manifestation in the structures of the eye, as those changes met with in the kindneys do, and which have been erroneously held by some writers as the disease itself, instead of being considered, as they properly ought to be, as local expressions of a constitutional affection.

The eye presents no exterior alteratiton in its normal appearance in albuminurial retinitis. The patient complains solely of a gradual diminution of the visual power, the field of which becomes darkened, and frequently undergoes a peripheral limitation.

If the ophthalmoscope is had recourse to early in the disease, the papilla and retinal surfaces will be seen presenting a close net work of injected vessels, rendering them somewhat blurred and indistinct. The retinal arteries seldom undergo any change at this early period; if they do, it is simply diminution in their calibre, though the veins enlarge and run in tortuous paths over the fundus. Close scrutiny will now reveal spots of extravasated blood scattered here and there along the course of the vessels, which in a longer period enlarge and often obscure the latter.

It is at this time, however, that the vessels and, indeed, the whole fundus are rendered more obscure by the appearance of a veil-like cloud spreading over them, and almost abrogating the distinction of papilla and retina. The obscuration gradually progresses until, in the neighborhood of the papilla and macula lutea, small white spots are at last observed, which enlarge, and meeting at their edges coalesce into large irregularly shaped milk-white patches. The patches, in their further progress, change their color to a yellowish-white, and surround the nerve entrance completely, spreading toward the equator of the globe by a sinuous or deeply dentated borders.

The peculiar groupings of the degenerated retinal tissues about the papilla and macula are characteristic and easily recognizable, unless, as is often the case, the vitreous humor participates in the inflammatory action, and becomes so hazy as to obscure everything beyond.

This is not, however, the consummation of the morbid process, a further step soon, and generally suddenly follows, blood is poured out, first in small spots among the retrogradated, metamorphosed tissues, and finally in larger quantity, until the whole fundus presents a uniform dark-red color; the retina is sometimes separated from the choroid. As to the latter membrane, it could hardly be imagined that it should escape participating in the morbid process. Liebreich has seen choroidal changes in the centre of the fundus, but they are always quickly veiled from view by the opacity of the retina in front. However, toward the periphery, he has frequently observed a veil-like cloudiness, and in some places greyish-white spots, over which a thin film is formed, as if from a clear effusion, causing a slight separation of the retina.

The best observers are now at one as regards the question of the peculiar grouping of the retinal changes now described, being pathognomonic of albuminuria, although similar changes have been recorded as occurring in other diseases. Desmarres gives the histories of two cases of diabetes, in which he thought the ophthalmoscopic characters identical with those of albuminuria.

Retinal changes characterized by retrogressive metamorphosis have been noted in hippuria, benzuria, oxaluria, pregnancy, lactation, and in syphilis, (Desmarres,

vol. 3, p. 516.) Liebreich also describes something of the same sort connected with splenic leucæmia. He observed pallor of the optic disk, which was surrounded by a bordering of turbid and striated retina, rose-colored vessels, and peripheral white spots, similar in appearance to those of albuminuria.

The peculiarities of the localization of the retinal alterations upon the fundus of the eye, a chemical examination of the urine (which should always be made in cases of amblyopia for which no adequate local cause can be assigned), and the history of the case will always enable the surgeon to determine the morbid condition with which the pathological changes in the retina are connected.

[To be continued.]

Hospital Reports.

Pennsylvania Hospital, *March 4th*, 1868.

Clinic of J. M. Da Costa, M.D.

Reported by Dr. Napheys.

Pleuro-Pneumonia.

John P., æt. 45. This patient had an attack of pleurisy six years ago, on the left side, for which he was treated in the hospital. He has since been subject to attacks of pain in the same side. After exposure to cold a week ago, he had a chill, followed by fever and sharp pain in the left side, in the region of the spleen; some dyspnœa, anorexia, thirst, great deal of cough, and muco-purulent sputum, never rusty or streaked with blood. On admission yesterday, his respirations were thirty-two, short and labored; pulse one hundred and twenty; both cheeks flushed; skin hot; urine very much diminished in quantity; tongue dry, and slightly coated; severe pain in the left hypochondrium, not increased by pressure.

The lower portion of the chest anteriorly on the left side is dull on percussion, and this dulness begins on the third interspace. On the right side anteriorly the percussion note is clear, but not so clear as is usual; not of average clearness. There is a marked dulness at the lower portion of the chest, on the left side posteriorly, extending as high up as the spine of the scapula. The vocal vibrations are distinct on both sides; more distinct on the left than on the right. On auscultation, marked coarse friction sound is perceptible over the whole of the left side; at the lower portion, and at the angle of the scapula, there is also bronchial breathing. There are moist râles at the lower portion of the right side.

This is a marked case of plastic pleurisy. Moreover, as the bronchial breathing and the distinct vocal vibrations indicate, there is a certain amount of superficial pneumonia attending the pleurisy. This occurs in a very weak man, who has had attacks of this kind repeatedly.

This is not a case for bleeding for ordinary active antiphlogistic treatment. The man's history and condition both forbid such procedure. A sustaining treatment is indicated. He will take eight grains of quinine a day, with a liberal supply of eggs and beef-tea, and three ounces of whisky, in the twenty-four hours. Large poultices will be kept on the left side; and he will take in addition three grains of iodide of potassium, with two drops of deodorized tincture of opium in a desertspoonful, each, of neutral mixture and misturæ acaciæ. The object is to support the man, while acting upon the pleuritic affection, by the absorbing influence of iodide of potassium, added to a diaphoretic and somewhat diuretic mixture.

This is not the course of treatment which should be followed, were it not for the circumstances of the case. If this condition happened in an active, vigorous person, wet cups would probably be employed, and a mercurial preferred to the iodide of potassium, in order to bring about an absorbing and alterative influence.

Spinal Meningitis.

Ann McS., æt. 36; married for sixteen years; never had any children. She has been in the hospital since January 1st. She comes of healthy parentage, and was a strong and healthy woman until four years ago, when she went to Canada in the spring of the year; wore clothing unsuited to the climate, and lived in a damp house. While in Canada she was attacked by a wearing, aching pain in the right side, just below the short ribs, which gradually passed around to the lower portion of the back, where it became fixed. Shortly after this she appears to have been subject to cholicky pains in the abdomen, but otherwise to have enjoyed average health. During a period of three years there seems to have been a gradual loss of power in the lower limbs. This advanced almost imperceptibly, but at last, in May, 1867, she was obliged to go to bed, and has been unable to leave it since. She is of the opinion that sensation was not in the least impaired at the time at which she first noticed the loss of power in the limbs, nor was

there any irregularity in urination. Within three weeks of the time she was obliged to go to bed she became constipated, and this has been one of her chief troubles. Her urine has never passed unnoticed, but since June, 1867, it has passed at times almost involuntarily. She has had no pain in the lower extremities before admission. Until within the last month the pain in the lumbar region on both sides persisted. This pain was always increased by any attempt at exercise. The power of motion in the lower limbs was gradually lost from below upward, the motion of the toes being first affected.

When admitted into the hospital, on the first of the year, she had marked convulsive movements of the lower extremities, causing considerable pain. In other respects her condition at present is similar to what it was on admission.

She looks well; her nutrition does not seem to have suffered materially from this lesion. Tongue slightly coated; appetite not now very good, but it has been fair. She has no affection of the throat. The urine passes from her now involuntarily. She knows she is going to pass it, but cannot prevent its passage. There is, therefore, some loss of power in the sphincter muscles of the bladder. She has no movement, unless she takes some laxative medicine. There is no impairment of motion or sensation in the arms. The pain in the back has passed away during the last month; there is now no pain at all in the back; nor is there any tenderness along the spine. Her lower limbs are kept almost constantly drawn up. On tickling the sole of the foot, the muscles move; she tries to withdraw her foot from the point of irritation, but has not the power. She says, however, that the sensation of tickling is not distinctly felt by her. Besides these phenomena, there are constant spasmodic movements of the muscles of the legs and thighs. She cannot move either leg, but can move the toes slightly. Sensation is good along the legs everywhere, although, on testing it accurately with the sensibility measurer, it is not found as perfect below the knee as above. Sensibility, though not lost, has become somewhat impaired from the knee downward. Electro-muscular contractility muscles of the legs is preserved, and also everywhere on the thigh; this corresponds with the result obtained a month ago. Electro-muscular sensibility also is good. She has a great deal of pain now in the legs, both day and night. It is generally relieved by the opiate she takes at night, but returns in the morning. It exists independent of the jerking of the muscles. What is the lesion upon which this paraplegia depends?

This woman has spinal meningitis, and irrespective of the spinal meningitis, she has now an affection of the superficial portions of the cord itself. It is quite evident from the history, that the case commenced as one of spinal congestion and slight spinal inflammation. Exposure to wet and cold in a healthy woman, was followed by pain in the back, lasting for sometime, and very likely looked upon as rheumatic. The pain was followed by partial loss of power of motion, giving a clear and distinctive history of spinal congestion or inflammation, and particularly of spinal inflammation of the membranes. This train of symptoms is not at all uncommon in soldiers who sleep on damp ground. Are the subsequent symptoms confirmatory of the diagnosis of spinal meningitis? Most assuredly; the very fact of there being frequent contractions of the muscles is in favor of this view. The fact of the palsy being at first incomplete, and gradually becoming more complete, is a strong point, because in inflammation, and softening of the substances of the cord itself, there is not partial palsy becoming worse and worse, but complete palsy almost from the onset. As a rule, pain in the back exists more markedly in spinal meningitis than it does when the cord itself is affected. As a rule, this pain is apt to be increased by pressure in meningitis. It is true this is not now the case with this patient, but it has been until within a late period. Is the absence now of tenderness in the back and of much spinal pain to be looked upon as a favorable symptom? On the contrary, it is unfavorable, unassociated as it is with any improvement in the power of motion, indicating that the cord itself is becoming implicated. Partly from this, and partly because that the palsy is becoming more and more marked, it is evident that the disease is no longer limited to meningitis, but that the superficial portions of the cord have become involved. That the whole of the cord has not become affected, is shown by the fact that the electro-muscular contractility is tolerably well preserved; whereas, it is known that when the deeper portions of the cord are involved. electro-muscular contractility is lost. The case is, therefore, one of spinal meningitis, in which the superficial portions of the cords have become affected.

In regard to the treatment, she at first took iodide and bromide of potassium. This was continued for a time, and then, in the hope of stimulating the cord itself to action, exchanged for ergot, in small doses, with belladonna to

relieve the pain and spasmodic contraction. Neither of these remedies produced any good effect. Counter irritants were also employed. Tartar emetic ointment was used, without any decided influence. The only medicine which allays the muscular contractions and paroxysms of pain is opium. Besides the use of opium to relieve pain and spasm, she is now taking cod-liver oil. She has also been placed on full doses of bromide of potassium, thirty grains ter die, in the hope that by its sedative influence it may relieve contractions, and partly affect the meningitis. From time to time, active counter irritation will be employed, so long as it does not give rise to erysipelatous or gangrenous inflammation.

The English physicians, in treating the pain which is here so prominent a symptom and the spasmodic contractions, are very partial to chlorodyne. If the opium in this case should lose its effect, chlorodyne will be employed.

Medical Societies.

VERMONT MEDICAL SOCIETY.

Reported by L. C. Butler, M. D., Essex, Secretary.

The semi-annual session of this Society was held at Windsor on the 10th and 11th days of June. President C. P. FROST, of Brattleboro, presided. Delegates were present from the Medical Societies of Massachusetts, Connecticut, Rhode Island, New Hampshire, and Connecticut River Valley. Professor DIXI CROSBY was present from Dartmouth Medical College; Dr. S. T. BATES, from Malone, N. Y.; Dr. HARLOW, from the Maine Asylum for the Insane, Augusta, Me.; Dr. CRARY, from Hartford, Conn.; Dr. MILLER, from Fitchburg, Mass., and others, natives of Vermont, all of whom were invited to participate in the deliberations of the Society.

Before proceeding to the regular business of the session a telegram from the Rhode Island Medical Society, then in session, was read, and Dr. E. E. PHELPS was appointed a committee on behalf of the Vt. Medical Society to reply to the same. (See REPORTER for June 20.)

A communication was read from the editors of the Vermont *Record and Farmer*, relative to the enforcement of the law of the State against Criminal Abortion, urging the members of the Society to follow up the good beginning they had inaugurated. A committee of one, for each county in the State, where newspapers are published, was appointed to take such action in the matter as may be necessary. The design in appointing this committee is to bring to the notice of the publishers of newspapers in the State, the advertisements which are understood to be prohibited by the law, and to appeal to them as good citizens and moral men, to suppress their publication.

The communication gave rise to some discussion, which was participated in by Dr. CRARY, of Connecticut, who spoke of the law against Criminal Abortion in his State as being evaded in numerous ways; by Dr. MILLER, of Massachussetts, who stated that no conviction under the law of his State had ever taken place within his knowledge. The moral sentiment of the people must be educated in order to make such laws of any value; by Dr. BROWN, of Rhode Island, who spoke of the similar law of his State, as being effectual in suppressing the advertisements of the infamous business, but only operative as a rod *in terrorem* over the abortionists; and by others, who related cases illustrating the frequency and bad effects of criminal abortion, and the difficulty of reaching the infamous practice by the arm of law.

A communication was received from the Superintendent of the Vermont State Prison, through the Chaplain, Rev. F. BUTLER, extending to the members of the Society any civilties for the inspection of that Institute, of which they might choose to avail themselves.

The hour of 8, A. M., Thursday, was set apart for that purpose, and at that hour the members of the Society, with their guests, repaired to that receptacle of thieves and murderers, and duly inspected the manufacture of scythe swathes carried on extensively there. The convicts are nearly all employed in the various branches of that business; each having a particular item of the process assigned to him. And all seemed to work diligently under the regulations recently adopted in this prison, at the suggestion of the chaplain, by which prisoners behaving themselves properly during any month, have a deduction of a given number of days from the length of their sentence.

Dr. MCCOLLUM, of Woodstock, presented a case of *invagination of the intestines*, in which some six inches sloughed away. Dr. CROSBY mentioned a case in which seven feet of the intestines thus passed away by sloughing, and raised the inquiry whether the large proportion of cases of colic were not in fact inverted peristaltic action. Dr. WHITE detailed a case in which three feet of intestine was removed by sloughing, and the person lived three years afterward. Dr. HUNT introduced a patient

afflicted with lupoides for inspection, illustrating the use of quack remedies. The first application made produced sloughing of integuments, and resulted in caries of the cheek bone, producing a sad deformity, which would require an extensive operation to remedy.

Dr. E. E. Phelps, of Windsor, presented before the Society Latta's fracture splint for the long bones; the peculiar excellency of which, he suggested, was the method of producing extension and counter extension by means of a screw.

Dr. White, of Tunbridge, presented an instrument which he termed a *therapeutic catheter*, by means of which remedies can be readily applied to the prostrate gland, or urethra, in cases of spermatorrhœa gleet and the like. The instrument consists of a small bit of sponge attached to a stilette, concealed within a jointed catheter. When closed it has the appearance of an ordinary cathetra. When introduced the separation of the joints leaves the sponge conveying the remedy in contact with the diseased part, which again being closed is easily withdrawn.

Dr. White also exhibited a set of graduated dilating probes, which he had used for dilating the lochrymal and nasal ducts, for the cure of stricture or closure of those canals, without inserting the style in the usual way. The process he described as somewhat tedious and protracted, but always effectual, leaving no deformity as the result of the operation.

The evening was devoted to the discussion upon the subject of *Puerperal Convulsions*, in which the members and delegates generally participated, exhibiting little difference of views in regard to its pathology, but a wide variation in treatment and in results of treatment. Some considered bleeding to be the sheet anchor, others had no confidence in it whatever. Some used nitric acid, largely diluted, and had been successful. Some had employed anæsthetics with good results; others had seen no permanent benefit from their use; the covulsions continued notwithstanding their use. Some had great confidence in citric and bensoic acids, others in bromide of potassium, others in calomel and saline cathartics, others in the use of veratum, digitalis and the application of ice to the spine, and others suggested the induction of premature labor, where convulsions were reasonably apprehended, thereby saving the injury to the brain. As a climax to the discussion, and as solving the problem of the wide difference of opinion, a blood-letting Dr. Russ, of Pomfret, a practitioner of the old school, of long and wide experience, remarked that he was an advocate of bleeding in certain cases, but nervous, irritable people, in some localities, did not bear bleeding, whilst those living among the mountains of Barnard and Rochester required it.

During the session of Thursday, Dr. Phelps directed the attention of the Society to a method of practice now under discussion, and somewhat in vogue among the German therapeutists, which is denominated the *Positive Therapeutics*. Only remedies of a positive character, such as nux vom., verat., bromides, etc., etc., are used, and those in small doses, long continued; the object being to bring the system under their influence gradually. Large doses produced rapid effects, small doses, longer continued, produce better effects, and equally positive results. The system undoubtedly contains a hard philosophical principle, which it behooves the profession in these days of homœopathic humbuggery to examine, and adopt, if it be of value. The homœopaths will, no doubt, seize upon this principle as a stepping stone to let him down from the ridiculously untenable position he now occupies, unless he finds it already adopted by the scientific men of the regular profession.

Dr. E. E. Phelps, of Windsor, read an able and interesting paper on the subject of *Inflammation, considered in the light of the cellular physiology and pathology*, which was referred to the Committee on Publication.

Dr. M. Goldsmith, of Rutland, presented an elaborate paper on *Pyemia from gunshot wounds*, giving facts and deductions gathered from his own personal observations in the hospitals under his charge during the war, which was also referred to the Publishing Committee.

Dr. Goldsmith's paper overturns the commonly received opinions and theories upon this subject, and gives a thrilling description of the horrors of that disease in the camp and hospital.

After a very pleasant and profitable session, the Society adjourned.

MAINE MEDICAL ASSOCIATION.

The annual meeting of the Maine Medical Association was held in Portland June 17th, Dr. Cryus Briggs, of Augusta, in the chair as President for the preceding year. The meeting was largely attended, and the proceedings were of great interest. The following officers were unanimously elected for the ensuing year: President, I. T. Dana, Portland; Vice-Presidents, H. L. K. Wiggin, Lewiston, A. F. Page, Bucksport; Recording Secretary, Eugene F. Sanborn, Bangor; Treasurer, Thos. A. Foster, Portland; Standing Committee, Wm. Swasey, Limerick; A. P. Snow, Winthrop; B. F. Buxton, Warren; S. H. Weeks,

Portland, L. W. Pendeton, Belfast. The oration was delivered by Dr. FULLER, of Bath. Subject, "Habits of thought necessary to Greatness." The Committee on Necrology reported the deaths of Dr. ISAAC LINCOLN, of Brunswick; Dr. A. F. STANLEY, of Winthrop, and Dr. MCLELLAN. It was voted to raise a Committee of three to visit the Hospital for the Insane, and report its workings to the Association. The chair appointed Drs. Manson, Harrison and Day, as said Committee. Dr. Wiggin presented a resolution favoring the removal of the Maine Medical School from Brunswick to Portland, which was advocated by Drs. Dana, Day, Snow and Jewett. Several interesting reports on scientific subjects were discussed.

MEDICAL SOCIETY OF HARFORD COUNTY, MD.

Reported by the Secretary.

The regular quarterly meeting of this Society was held in Bel Air on the 12th of May.

There was a very fair attendance of members.

The minutes of the previous meeting were read and approved.

The reports of Committees being called for, Dr. LEE, Chairman of the Committee appointed to memortalize the County Commissioners for the appropriation of a sum of money to be set apart for the payment of physicians for some part of their services rendered out-pensioners, or those who were supported by the country outside of the almshouse, stated that the Commissioners had returned the application with the indorsement, "Action on the within application deferred for the present." Dr. FORWOOD said that there was no class of men who so constantly contributed their time, their services and skill, to say nothing of their medicines, which are now taxed so unjustly, and often money from their pockets for procuring suitable articles of diet for the patient, as physicians.

Dr. VIRDIN now read a paper on Typhoid Fever. At its conclusion, Dr. LEE moved, and it was carried, that the thanks of the Society be tendered to Dr. VIRDIN.

Various points of the lecture were then discussed at considerable length, eliciting much valuable information from nearly all the members present, regarding the proper treatment of this dreaded disease. Dr. VIRDIN's views were, in the main, corroborated and sustained. Dr. THOS. C. HOPKIKINS and Dr. SILVER referred to a disease which prevailed in Bell Air some years ago, and for the want of a better name, it was called from the locality the "Bel Air Fever." These gentlemen were of the opinion that it was only an aggravated type of typhoid fever, simulating the typhus form.

With the understanding that Dr. JOHN EVANS would contribute a paper on Surgical Cases at the next meeting, a motion was made to adjourn. Dr. SILVER remarked that before the motion was voted upon, he would like to say that he would be happy to have the next meeting of the Society take place at his house; and he hoped that every married member would be accompanied by his wife. The invitation was unanimously accepted, and the Society then adjourned.

SULLIVAN CO., N. Y., MEDICAL SOCIETY.

This Society met ot the hotel of R. B. TOWNET, in Monticello, June 10th, and elelected the following officers for the ensuing year: President, Dr. B. G. MCCABE; Vice-President, Dr. J. H. F. MILTON; Secretary, Dr. DAVID MATHEWS; Treasurer, Dr. ISAAC PURDY; Delegate to the State Medical Society, J. L. LA MOREE; Delegates to the American Medical Association, Dr. W. L. APPLEYAND, and Dr. J. D. WATKINS.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Ascarides.

A correspondent of *The Lancet*, Mr. JOHN TATHAM, of Sunderland, in answer to an inquiry as to the treatment of ascaris vermicularis, suggests the following: First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water; then (supposing the patient to be a child of five or six years of age), throw into the bowel two drachms of tincture of iron, dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days if necessary. The state of the general health must be improved, and the vitiated mucous secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel at bed-time, followed by a dose of salts in the morning. Afterward tonics, as the syrup of the phosphate of quinia, strychnia, and iron, will most likely be required.

Another—Dr. DOUGLAS A. REID, of Pembroke, says "I have found the following treatment have an immediate beneficial effect: Tincture of perchloride of iron (B. P., 1867), five drachms; infusion of quassia, fifteen and a half ounces; mix; two tablespoonfuls to be taken three times

a day. Two drachms of tincture of perchloride of iron to be used as an injection, in half a pint of thin starch every third night."

Still another; Dr. R. F. Scott, of Barking, Essex, says, "The most prompt and effectual relief for ascarides is the best olive oil, one tablespoonful at bed-time, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient."

New Mode of Treating Conjunctivitis.

Mr. Spencer Watson exhibited at the Medical Society of London, some discs composed of cocoa-nut butter, mixed with tannin and other astringents, for ready application to the conjunctiva; passed beneath the upper eyelid, they melt, and diffused over the whole conjunctival surface, they possess many advantages over lotions; and cases of pannus with granular lid have been much benefited by such treatment.

Reviews and Book Notices.

NOTES ON BOOKS.

A praiseworthy work for a physician to undertake who were possessed of abundant leisure and some literary taste, would be to write a bibliography of all the important books and essays which have appeared on medical science,—say for the last twenty years. It should include both English and foreign publications, and would be much enhanced in value by the addition of brief —but *very* brief—critical notices. Once before we referred to what Adolph Büchting, a German bookseller in Nordhausen was doing in this respect for his own country. We now give the full list of his catalogues.

Bibliotheca Odontriatca.
Bibliotheca Otiatrica.
Bibliotheca Psychiatrica.
Bibliotheca Ophthalmiatrica.
Bibliotheca Gynæcologica et Obstetrica.
Bibliotheca Balneologica et Hydrotherapeutica.

They are sold separately, at about eight groschen—about twenty cents—each, and comprise all the works which have appeared in Germany on these various specialties, during the period 1847—1867. An index of subjects is added to each catalogue, and the price of each work is given. It is an important contribution to medical bibliography.

Dr. Janvier, of this city, lately showed us a curiosity in medical literature—the original edition of Sir Astley Cooper's Lectures on Surgery. London, 1829. These lectures were taken in short hand, and printed by an enterprising firm, without the baronet's consent, and greatly to his disgust. When he learned of his students that there was a chiel among them taking notes, and that, faith, he would print them, he even lectured in the dark, but by some hocus-pocus the stenographer outwitted him. The lectures are well reported, and make a most readable volume, of 637 duodecimo pages. It might be worth the attention of booksellers, whether a new edition would not be opportune.

Not long since we directed attention to the craniological studies of Prof. J. Aitken Meigs. We have now to mention a very valuable contribution to the same department of science, by Professor Jeffries Wyman, of Harvard College, entitled Observations on Crania. It discusses the measurement of skulls, the position of the foramen magnum, crania from the island of Kauai, crania of Tskutschi, synostotic crania, and closes with some remarks on the Neanderthal skull. It is a pamphlet of 34 pages, and is republished from the Proceedings of the Boston Society of Natural History, Ap. 1868.

It is marked by the same thoroughness and method which characterize the other labors of that distinguished anatomist.

The first edition of the celebrated work of Stellwag von Carion on the Eye, translated by Drs. Hackley and Roosa, we are glad to learn, has been exhausted. This speaks well for the appreciation of first class scientific works by the profession. A second edition is in preparation, which, no doubt, will be received with still greater favor.

Even in further India, sound doctrine is in the ascendant. An English journal notes that a native Zemindar of the Madras Presidency has offered a prize of 500 *rupees* for the best medical work in Tamil—a sign of the times.

Of late publications in Paris may be mentioned Prof. Paul Broca's "Researches concerning a New Class of Tumors called Odontomes," which are those tumors on the teeth, sometimes, though erroneously, called dental exostoses; Dr. A. Raciborski's "Treatise on Menstruation, its connection with Ovulation, Fecundation, the Hygiene of Puberty, and the Critical Age, its Action in Different Diseases, its Irregularities and their Treatment," with two chromo-lithographed plates, 12f.; and Prof. Milne Edwards's "Lectures upon Comparative Physiology and Anatomy," (9th vol., first number.)

A useful paper by Dr. J. V. P. QUACKENBUSH, Professor of Obstetrics in the Albany Medical College, has lately appeared in a pamphlet form, (24 pages, with plate.) It is on Pelvic Presentation, with the Spontaneous Evolution of the Fœtus, their mechanism and treatment. The object of the author is to bring to view the difference between a shoulder presentation and its management, and that presentation after the child has left the uterus and lies impacted in the pelvis. In the one case, he concludes, version is necessary and proper; in the other, it is dangerous and improper.

We acknowledge from Mr. N. A. APOLLONIO, Registrar of Boston, City Doc. 65, being his Report of 1867, of births, marriages, and deaths. That city continues to show that the children born of foreign parents are in the proportion of more than two to one, compared with the children of native parents. No doubt, as he observes, these figures "bear an unpleasant aspect," but we have not yet seen proof to connect them with any peculiar immorality of the native citizens. The Report calls attention to two difficulties in the way of the statistitian, to which we are glad to give prominence. "One is the most ridiculous custom of adopting some nonsensical appellative in lieu of a proper given name, and insisting on its being recognized on any and all occasions. If parties may be credited, none are now named Ellen, Catherine, Elizabeth, Caroline, and Louisa; but in their stead we have Nellie, Kate, Lizzie, Carrie, and last, and most silly of all, Lulu." But, most respected Registrar, are all those tender sentiments, and that fine rhetoric which Victor Hugo, in "Les Miserables" has spent on "pet names," to go for nothing then? With the other complaint we have more to do. It is of our own profession. It seems that one physician filled his certificate of deaths thus: "Very uncertain whether fried ham, scarlet fever, or Bologna sausage." Another says: "Cholera, or something else,"—charmingly definite, and eminently satisfactory. Another says: "Died suddenly." Quite a number, with the succinctness of the preceding, and certainly without any exuberance of words, said, "Fits." No doubt they thought these entries very funny. But to us they seem very poor fooling, and we echo the question of the registrar, "What ought to be thought of those making such returns as above specified? If the cause of death were unknown in these cases, why not express it, without attempting to cast ridicule upon the subject, which the law-makers have certainly considered of so much importance as to made it one of frequent legislation?"

"Menstruation and the Menstrual Flow; and Epiphenomenon of Ovulation," is the title of a pamphlet of 59 pages, by Dr. G. M. B. MAUGHS, Professor of Obstetrics in the Humboldt Medical College, St. Louis. It is argumentative in character, going to show that the menstrual flow is an important, but not an invariable concomitant of ovulation, and that it corresponds in cause and phenomena with the rutting period of lower animals. The points are well argued, with close and extensive reading, but when the author leaves his legitimate topic to make the following statement, he puts himself in the light of a *sutor ultra crepidam:* "So entirely is the great work of reproduction the end and aim of the female organism, that every charm which she possesses, either physically, *morally*, or *mentally*, is the result of her ovarian force," (p 56.) This is bad grammar, and worse logic.

Lectures on the Diagnosis and Treatment of Functional Nervous Affections. By C. E. BROWN-SÉQUARD, M. D., F. R. S., etc. Part I., 8vo., pp. 89. Philadelphia: J. B. LIPPINCOTT & Co. 1868.

The author in this work proposes to give a practical history of the diagnosis and treatment of neuroses, based on clinical observation, and in the light of the latest discoveries in physiology and therapeutics. The work will be in three parts, each complete in itself. The first part is taken up with general remarks on the causes, diagnosis, and treatment of neuroses; the second will treat of the history of each of the purely functional nervous affections; while the third will describe the vaso-motor and nutritive neuroses, and the functional nervous affections due to syphilis, rheumatism, diseases of the kidney and liver, alterations of the blood, etc. The other parts are promised soon, and we defer a more extended notice until they shall have appeared.

Einige Experimente an dem Blutgefäss System der Säugethiere. Von Dr. C. H. HERTWIG, Professor an der König Thierarzneischule in Berlin. Berlin: AUGUST HIRSCHWALD, 1868.

Dr. HERTWIG here details an admirable series of experiments performed on the lower animals to test the sensibility of the heart to traumatic impressions, on the rhythm of the cardiac motions, on the arterial pulse, on the suction power of the heart, and on power of absorption of the veins. The conclusions at which he arrives are of great physiological importance, and his experiments are lucid and decisive to an unusual degree. All interested in such studies should consult his pages.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 11, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to requirelittle revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE TARIFF ON DRUGS.

That business which the Hon. Mr. Butler lately referred to in the House of Representatives with such a sneer—that of "modifying taxes,"—however distasteful to the gentlemen there assembled full of longings for the huskings and the stump, is one of most vital importance to our over-taxed, and unequally taxed commercial men. We wish particularly to ask attention to this inequality in a matter that concerns our own profession—the drug trade.

At the last meeting of the Free Trade League, Mr. D. C. Robbins of the firm of McKesson & Robbins, took occasion to show how unfairly and how ignorantly the tariff oppressed this branch of the mercantile community, and from his valuable address we extract a few of the facts he brought forward. Comparing our own with other countries, it appears that the average duty on druggists' materials in Europe is two and a half per cent.; in France it is less, and in the Zollverein it is under two per cent., while in England drugs are all free, except a few articles of luxury. In this country the average duty on drugs is twenty per cent., and including all articles, fully twenty five per cent.

One effect of this exhorbitant tax is to drive from us a large share of the South American trade. From the remotest ages of commerce the trade of tropical countries has been a principal source of riches to the commercial nations. Here are forty millions of people at our doors, mostly in tropical climates, with whom our commercial relations should be most intimate, and yet we let them go to European countries.

In fact there is no class of crude goods so heavily taxed as the drugs; yet they are undoubtedly those that should be least subject to a high tariff, because they are essential to the health of the community and the effectiveness of the nation. So far from these considerations having any weight, the precise reverse is the case.

The American tariff is specially remarkable for the prominence it gives to drugs. Out of two thousand eight hundred and eighty articles taxed, nine hundred and fifty-five are drugs.

Our tariff is a bundle of contradictions and absurdities beneath criticism. There is nothing like classification, either scientific or business-like, and no arrangement except alphabetical, in which substantives and adjuncts by turns take precedence. The list begins and ends with drugs. It is an odd jumble of everything but ideas. All sorts of articles are placed in all possible connections. 'Bitts, carpenters',' is followed by 'Bitter Root,' and a little further on we have 'Colocynth' and 'Coloquintida,' the most common and the most obsolete names for the same 'bitter root.' We find duplicate enumerations in abundance; and sometimes the same article is mentioned at least five times under different names, with sometimes different rates of duty.

Thus, we have 'Cutecher,' or 'Cutch,' as 'Gambia,' as 'Gambier,' and as 'Terra Japonica'—all names for a most valuable article, which, for its great use in tanning and dyeing, ought to be admitted free of duty.

We do hope that the gentlemen who are chosen and paid to do our law-making for us, will not consider it beneath their dignity to "modify taxes" a little longer, until such manifest ignorance and injustice are remedied.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Notes and Comments.

The Fungi of Favus.

At a recent meeting of the Clinical Society of London, Dr. Hilton Fagge exhibited three patients affected with Parasitic Disease of the Nails. These cases were rare, but had an important bearing on the question of identity or non-identity of the vegetable parasites of the skin. The first case was that of a child aged 11, who had for some years suffered from very severe favus in the head and limbs. The disease of the nail, however, had only commenced about three weeks before she came under observation. The tuber and spores of the fungus gradually penetrated the substance of the nail till they reached its root; the lamina of the nail then became loose, and was thrown off. The affected part of the nail was of a sulphur-like color, and when the lamina had been removed, the bed remained covered with an irregular striated mass of nail-substance, of a yellow or a brownish hue. This appearance was precisely that of the diseased nails on the other two children, and on microscopic examination they too were found to present sporules and beaded tubes, as of achorion. These two children, who were sisters, displayed no cups nor masses of favus on the scalp or on other parts of the body. Dr. Fagge regarded the cases as affording strong confirmation of the view maintained by Hebra and by Dr. Tilbury Fox, that the fungi found in the different forms of favus are in reality mere varieties of one microscopic plant.

Infant Mortality.

Our readers may think that we are given to tedious iteration on this subject. But we deliberately intend to utter our *Ceterum censeo* with a perseverance worthy of the Roman himself. We clip the following from a leading English medical periodical, knowing that it is just as applicable here as there:

"A strict investigation of the circumstances attending the waste of life among children, especially in our cities and towns, would probably lead to important discoveries; at any rate, it would profitably repay far greater attention than is now given to those circumstances, and would most likely result in the suggestion of remedies for the evils known to exist. 'There is,' says Dr. Farr, 'no doubt, great negligence on the part of parents, great ignorance of the conditions on which health depends, and great privation among the masses of the poor; but there is no reason to suspect that any great number of infants fall victims to deliberate crime; yet the children of the idolatrous tribe who passed them through the fire to Moloch scarcely incurred more danger than is incurred by the children born in several districts of our large cities.'"

Fiske Medical Prize Questions.

The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held in Providence June 10, 1868, gave notice that no awards had been made on the questions proposed by them the past year.

They offer the following subjects for 1868:

1st. Bromides, their physiological effects and therapeutical uses.

2d. Cerebro-Spinal Meningitis, pathology and treatment.

3d. "Grave's disease," (so-called,) pathology and treatment.

4th. Carbolic Acid, its therapeautical effects and hygienic uses.

For the best dissertation on each of these subjects they offer a premium of one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz:

To forward to the Secretary of the Fiske Fund Trustees, on or before the first day of May, 1869, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the Trustees, unopened, and the dissertations may be procured by their respective authors, if application be made therefor within three months.

Address,
S. Aug. Arnold, M. D., Providence,
Secretary of Fiske Fund Trustees.

Specialism.

A recent number of the *British Medical Jour.* clips two advertisements from the Boston *Medical and Surgical Jour.* referring to the *special* educational advantages which certain medical gentlemen of that city announce themselves as ready to give. Our English cotemporary dryly remarks: "They are recent developments of free trade in teaching, and as such will reccommend themselves to many minds." As one of the gentlemen interested has taken occasion to thank us for the comments we have from time to time written on specialism, he will doubtless be grati-

fied to observe this similar gratuitous notice in our mother country.

Enforced Medical Attendance in Prussia.

The two hundreth section of the Prussian penal code is this: "Medical men who refuse their services in cases of urgent danger, without sufficient reason, shall be fined from twenty to five hundred dollars." A petition has been presented to the Council of the North German Bund to do away with this section. It has been found to give occasion to many unjust and annoying accusations, and while an unscrupulous physician can always coin a "sufficient reason," and thus evade the law, worthy men suffer from injurious attacks. We hope, with the editors of the *Allgem. Med. Central-Zeitung*, that it will be repealed.

A Merited Tribute.

Dr. W. Marsden, of Quebec, has been presented an address and a testimonial by a body of his most distinguished fellow-citizens, in recognition of his long-continued and successful efforts in propagating sound principles on the doctrine of contagion and infection in pestilential diseases, and especially in relation to quarantine and isolation in Asiatic cholera.

The testimonial which accompanied the address consisted of an elegant silver porte-monnaie, manufactured to order by P. Poulin & Son, and contained six hundred and fifty dollars, with an appropriate inscription.

The recipient made a suitable acknowledgment in a brief letter of thanks.

Subsequently, the Bishops of Quebec and Montreal, presiding at the convocation of Bishop's College, conferred the degree of Honorary A. M. on the worthy Doctor.

Infant Mortality.

A late number of the *London Times* says that in the year 1867, 43 per cent. of those who died in the eight principal towns of Scotland were children under five years of age. But this mode of calculation gives no correct idea of the mortality of children; it is necessary to compare the deaths with the number living and liable to death, and this has been done. In Perth, then, the mortality was 50 per thousand of the total number of children under five in that city; in Aberdeen, 63 per thousand; in Paisley, 79; in Edinburgh and Greenock, 87; in Leith, 88; in Glasgow, 96; in Dundee, 106. The returns of several years show that of these eight towns, Aberdeen and Perth are the most favorable to infant life; Dundee, Glasgow, and Greenock most fatal to it.

Official Cholera Inquiry.

Under instructions from Government, the Inspector-General of the Medical Department, Bengal, has lately issued a circular to the Deputy Inspectors-General of Hospitals, Lower Provinces, desiring them to obtain from all medical officers, European and native, serving under Government, whose experience is the greatest, their opinion of the treatment of cholera in its various stages, and the various conditions and circumstances under which it generally occurs. The Inspector-General has also desired that the opinions of the medical officers consulted on this important subject should be supported by thoroughly reliable facts.

Correspondence.

DOMESTIC.

Cæsarean Section.

Editors Medical and Surgical Reporter:

In reply to the article, "Propriety of Cæsarean Section," I would say, had I been called in that case, I should have proposed the Cæsarean operation as soon as I should have ascertained that the anterior-posterior diameter did not exceed two inches; provided that the contractions were of an expulsive character, as the uterus would be more likely (I should think) to contract after the operation then, than before the pains are of a bearing-down character. I would have everything in readiness, and when the proper time should come, I should proceed in the manner following: Anæsthetize the patient, after placing myself to the right of her, whom I would have placed on her back, with her limbs slightly flexed; I should make, with a convex bistoury, an incision six or seven inches in length, commencing at the umbilicus, and passing toward the pubes. This first incision will lay open the abdominal cavity, and consequently expose to view the peritoneal covering. This membrane should be cautiously incised below, so as to enable the introduction of the index finger. I should then carry a probe-pointed bistoury along the fore-finger, for the purpose of incising the peritoneum to an extent corresponding with the external opening. I should have two assistants on the left side of the patient, to steady the uterus as soon as it was laid bare; and also to prevent the protrusion of the intestines; if the protrusion should occur, the intestines should be gently compressed and replaced with a soft warm sponge or sponges.

The peritoneum being divided, I would divide the uterus carefully, not with one stroke, but gradually, so that the membraneous sac (if it should be preserved) be not too suddenly opened, nor the fœtus involved in the incision. Should the head be near the opening, seize it gently by placing the index-finger below the maxillary bones, and employ proper tractile force; if, on the contrary, the breech be there, withdraw it first; if any other part or surface of the fœtus present itself at the opening, seize the feet, and thus deliver the child. If the placenta did not come away in five or ten minutes, I should introduce the hand and remove it, being careful not to leave any coagula or any portion of membrane in the uterus. I describe this vertical incision, because there are no vessels exposed, and consequently no hæmorrhage. If hemorrhage occurs in the incision of the uterus, the bleeding can be readily stayed by an assistant placing his fingers on the orifice of the uterus, which will soon contract, and reduce the orifice to one or two inches. For the purpose of closing the wound in the abdomen, the interrupted suture should be employed; adhesive strips should be placed in the intervals of the suture, and care taken to leave the lower extremity of the wound open to offer escape of matter, etc. As soon as the wound is closed with sutures, etc., the whole should be covered with linen, spread with simple cerate.

In the case given in No. 22 of the Reporter, it is not stated whether the pains were of an expulsive character or not, when the head was taken away by piece-meal. I think if they had been, the child could have been delivered (without breaking up its head, and thus have saved the woman much injury that she must have received whilst the cranium was being torn away from her) by simply letting out the brains. It was stated that the uterus was so tightly contracted around the neck of the child after it was decapitated, that there could be nothing more done, and on the next morning it was found to be relaxed, when the child was forcibly taken away by traction. And now, the idea strikes me, that there must, after all, have been more than two inches in the smallest diameter of the pelvis, or the child could not have been delivered whole at last, if it was a mature child, and there is nothing said to the contrary by the M. D.

My own opinion is, that when the smallest diameter of the pelvis does not exceed two and a half inches, that the safer way is to perform the Cæsarean section at once, and not to put it off till the woman is moribund, as is frequently the case

Dr. Gunning S. Bedford uses the following language in his late work on Obstetrics: "In the fulness of my faith, I have no hesitation in saying, that if the child be alive, and the woman at the completion of her pregnancy, and it be made manifest that the maternal passages are so contracted as to render it physically impossible that a living child can be extracted per vias naturales, I should, between the two resources, craniotomy and Cæsarean section, not hesitate to decide in favor *of the latter*.

In regard to "What can one man do, etc., when two or three old physicians are against him, when he knows himself to be right," I should say that you should tell the patient's friends so, if the safety of the patient's life depends upon it, and you are quite certain that that is so. I do not think that it is right that a life should be sacrificed for the sake of etiquette.

E. A. Oppelt, M. D.

Tuscarawas, Ohio, June 23, 1868.

Chloride of Sodium in Dysentery.

Editors of the Medical and Surg. Reporter:

The uses of common salt in domestic economy as a condiment and antiseptic, in therapeutics, in small doses as a stimulant tonic; in larger doses as a purgative, and that it is so frequently and usefully employed as a styptic in hæmosptysis, seems to forbid that anything more should be written or said of its properties. Having used it in combination with morphia for thirteen years, and never been disappointed in its beneficial effects, is sufficient apology for calling the attention of the profession to it as a *sine qua non* in the treatment of acute dysentery.

In September, 1855, I read a single paragraph in Nelson's American *Lancet*, recommending salt and morphia as a remedy in sporadic and epidemic dysentery. Being in the midst of an epidemic at the time, I at once resorted to it, and in every case promptly controlled the bloody and frequent evacuations, and distressing tormina and tenesmus, in from twelve to thirty-six hours. When there are evidences of deranged secretions, I premise the treatment with a dose of calomel, (grs. vj.), and opium (grs. ss.), followed by castor oil, after the operation of which, I give,

℞. Morphiæ. sul., gr. j. to iss.
Sodii chloridum, ℈ j.
M. Ft. chart, No. vj.
Sig. Give one every 4 hours.

After the violence of the attack is relieved give at longer intervals. This continued for from one to three or four days, usually completes the cure.

Should there be periodicity, or other symptoms of miasmatic poisoning, of course quinine is demanded, and should be given. In addition to its well-known styptic effect, I believe it exerts a very beneficial effect upon the hepatic secretion, and assists materially to unload the portal circle. In proof of this, I quote from Prof. Justus Liebig, who, in his Animal Chemistry says: "For the production of bile in the animal body a certain quantity of soda, is, in all circumstances, necessary; without the presence of a compound of sodium no bile can be formed."

I have suggested the remedy to a number of neighboring practitioners, and invariably received favorable reports.

Of the effects of the prescription, I only "speak that I do know and testify that I have seen."

L. Woodruff, M. D.

Alton, Franklin Co., Ohio.

How to Disguise the Taste of Quinine.

Editors Med. and Surg Reporter:

Every physician is familiar with the frequent complains of patients to whom he administers quinine. The taste of quinine is so very bitter and nauseous that it is difficult to get a patient to swallow it, except in the pillular form. All object to it, and not a few refuse to take it, except in the form of a pill.

I have ascertained that chocolate will completely disguise the taste of this medicine. Let the patient obtain a few "chocolate drops" from the confectioner, and he can take quinine in solution without tasting it. Immediately after each dose is swallowed, put two or three chocolate drops in the mouth and chew them up, and the bitter taste of quinine will no longer be perceived. Chocolate, perhaps, would answer the same purpose, but I have not tried it. Any one can satisfy himself of the truth of the above statement. by filling the mouth with a solution of quinine, and using the chocolate drops immediately after ejecting it. By this simple means, the solution of quinine can be used, when otherwise the pillular form would have to be resorted to. It is often desirable to get the patient quickly under the influence of the remedy, which could not be done where pills are used. There are persons, too, who cannot take a pill, and object to the taste of quinine, and beg the doctor to substitute some other remedy in place of it. In these and many other cases it will, in my opinion, be found useful to know that chocolate will disguise the taste of quinine.

R. W. Parke, M. D.

Mobile, Alabama.

Exostosis.

Editors of Medical and Surgical Reporter:

C. Clark, aged seven years, has extra growths of bone (exostosis) increasing in size and number—one on lower third right femur, large as a walnut, circular-conical; one on inside upper right tibia, half as large as above; also, on left femur and left scapula, small. Child seemed all right until he walked; then right ankle weak and enlarged. Robust and healthy; light, fair skin; red hair; ancestors healthy, so far as I can learn; no scorfulous diathesis. The boy now seems to be on the decline slowly, yet his health is fair, but not fleshy and robust as formerly; teeth decaying. He attends school. I can find no treatment recommended in the small medical library at my command. What shall I do to prevent or stop the extra osseous growth? Can I do anything?

N. Udell, M. D.

Centreville, Ind., June 15, 1868.

[We advise you to try

℞.	Tinct. ferri chlor.,	gtt. x.
	Potass. iodidi,	gr. ij.
	Hydrarg. chlor. corros.,	gr. 1-30.

Three times a day.

It is probably a case of hereditary syphilis.—Eds Rept.]

News and Miscellany.

Long Island College Hospital.

The Commencement exercises of the Long Island College Hospital took place last week at the Athænum, Brooklyn, and attracted a large and brilliant audience. Dr. Theodore L. Mason, M. D., President of Faculty, occupied the chair. The degree of M. D. was conferred upon the following graduates: Clayton Woodford, Conn.; Joseph H. Raymond, A. B., N. Y.; Wm. C. Coleman, Penn.; Frederick Hall, Conn.; Wm. H. Perkins, Md.; Warren L. Ayer, N. Y.; John N. Regan, Wis.; James F. Morgan, N. Y.; Aug. C. McKenzie, N. Y.; Wm. H. Grant, N. C.; Luther S. Clagett, Md., Chas. N. Wooley, A. B., N. Y.; James M. Elliott, Mich.; Gabriel F. Foster, Iowa; George Ross Munroe, Scotland; Chas. H. Ward, N. Y.; James Russell, Ontario, Canada; Chas. F. Young, N. Y.; James E. McClelland, N. Y.; Robert Allen, Canada; James B. Rouse, N. Y., Cassius H. Green, A. M., N. Y.; Andrew L. Gonu, Canada; Robert G. Baxter, Nova Scotia; Chas. J. Fox, Wis.; Henry B. Watson, N. Y.

Medical Literature.

The following is an exact copy of a surgeon's certificate, furnished in aid of a soldier's claim for bounty, and now on file in the War Department: "May the 10 I her By certify on honor that I ——— a praction phission Did waight on and treat ——— Co.— R. Inftry who died at home in J—— county who was on sick furlow with chronic disntary. —— —— A pract phison." Another "praction phission" certified that a certain soldier died of "informatian on the brain;" another, that a death was caused by "disease contracted for in the service;" and another, that the disease of which a soldier died was "new money."

Don't Let it Happen Again.

A learned professor in a New England college was accustomed to demand of students an excuse whenever they were dilatory at recitation. The excuse given, he invariably added: "Very well; but don't let it happen again." One morning a married student happened to be behind time, was promptly interrogated as to the cause. Slightly embarrassed, he replied:

"The truth is, sir, I had an addition to my family this morning, and it was not convenient to be here sooner."

"Very well," replied the professor in his quick, nervous manner, "very well, but *don't let it happen again.*"

—— Our highly esteemed cotemporary, the *British Medical Journal*, informs us in its issue of June 27, under the title "Yellow Fever in *Chili*," that in Lima there are occuring 150 to 200 deaths from this disease daily, and that in Callao it has been almost as violent. We accept the medical rather than the geographical part of this information. There is in fact a very fatal epidemic prevailing in Central Chili, but the physicians there say it is not yellow fever, but some new and undescribed disease.

—— About the close of May the medical students of Naples indulged in an alarming riot. Professor DE LUCA had accepted the chair of Organic Chemistry contrary to the wishes of the majority, and at last accounts it seemed doubtful whether his hearers would submit at all to his instructions.

—— Professor TYNDALL concludes his memoir of FARADAY with the sentence: "You might not credit me were I to tell you how lightly I value the honor of being Faraday's successor compared with the honor of having been Faraday's friend. His friendship was energy and inspiration; his mantle is a burden almost too heavy to be borne."

——— To become a doctor of medicine a student must, in Berlin, devote four years to his medical studies. An attempt is on foot to extend this curriculum one year, on the ground that the natural sciences, with which every educated physician should have a certain acquaintance, have made such advances in recent years, that the former period does not suffice. According to the *Wiener Medicinische Presse*, however, the attempt will hardly be successful.

——— The typhus fever in one of its most malignant forms has been prevailing in eastern Prussia. The mortality among the people has been great, and the fidelity of the profession in the epidemic may be judged from the fact that up to the middle of May, the *Allgemeine Medicinische Central-Zeitung* enumerated *twenty* physicians who had fallen victims to it while in the performance of their duties.

——— His Highness the Duke of Anhalt has chosen Dr. TOBOLD as the recipient of the gold medal of Art and Science in recognition of his distinguished contributions to the study of laryngeal diseases.

——— The States of the Church have at last declared themselves ready to join the International Sanitary Convention of Geneva.

——— PETER ALEXANDROWITSCH DUBOWITZKY, medical inspector-general of Russia, died in April. He was a man of uncommon intellectual force and profound medical knowledge. When but 22 years of age he was appointed to the chair of Theoretical Surgery in the University of Kiew, and filled this and many other posts with great distinction.

——— The celebrated Professor HELMHOLTZ, of Heidelberg, has received a call to the chair of Professor of Physiology in the University of Wurzburg.

——— The two sons of Dr. R. OGDEN DOREMUS, the well-known chemist, while playing in a wooden play-house at the back of their residence, on the 26th ult., accidently set it on fire. They were unable to escape immediately, and the younger of the boys perished in the flames.

—— M. JARJAVAY, Professor of Clinical Surgery at Paris, died recently, after a short illness. He had succeeded Prof. NÉLATON in the Hospital des Cliniques, and died in the vigor of his age.

—— On May 26th, a riot occurred in the Ecole de Medecine, at Paris, during the lecture of Professor Vulpian. One student was so badly hurt that he had to be conveyed to the hospital. They are a wild set, those natives of the Quartier Latin.

—— A young English woman, Miss Isabel Thorne, recently passed her medical examination at Apothecaries' Hall, London, in a most brilliant manner. Her written replies were so satisfactory, that it was not considered necessary to pass to an oral examination.

—— Dr. W. S. Thompson, physician at the Lazaretto, on the Delaware, below Philadelphia, writes under date of June 25th, as follows: "Yesterday, we received the first invoice of yellow fever of the season, on the schooner Wm. Allen, from the West Indies. Three cases now in hospital."

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy during the week ending June 27, 1868.

Past Assistant Surgeon John T. Luck, resigned.

Past Assistant Surgeon, E. B. Bingham, ordered to the Naval Rendezvous, New York.

Surgeon J. McClelland ordered to be detached from the Naval Rendezvous, Philadelphia, on the 30th inst., and waiting orders.

Surgeon John S. Kitchen, and Ac't Ass't Surgeon John D. Smith, ordered to be detached from the New Rendezvous, Boston, on the 30th. inst., and waiting orders.

Changes during the week ending July 11th.

Past Assistant Surgeon L. M. Lyon, detached from U. S. S. Lupply, and waiting orders.

Past Assistant Surgeon Wm. J. Simon, dedetached from U. S. S. Shawmut, and waiting orders.

Past Assistant Surgeon C. J. S. Wells, detached from U. S. S. Shamrœk, and waiting orders.

Past Assistant Surgeons J. W. Coles and H. M. Rundlett, ordered to duty at Naval Hospital, Philadelphia.

Assistant Surgeon J. Albert Hawke, detached from Naval Asylum, Philadelphia, and ordered to U. S. S. Nyack.

Assistant Surgeons J. G. Aryes and Wm. V. Marmin, detached from the U. S. S. Monongahela, and waiting orders.

Acting Assistant Surgeon J. F. Fourtellotle, to be detached from U. S. S. Nyack, on the reporting of his relief.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Barr—McFarland.—May 14, at the residence of the bride's mother, by the Rev. J. H. Wagner, Dr. A. M. Barr, of Pittsburgh, and Sallie D. McFarland, of Shadyside, Allegheny co, Pa.

Hoyer—Coleman.—On the 30th ult., at the residence of the bride's mother, by Rev. S. A. Mutchmore, Dr. J. C. Hoyer, of Harrisburg, and Miss Ellie R. Coleman, of Philadelphia.

Johnson—Boggs.—On the 9th ult., at the house of the bride's father, by the Rev. T. C. Anderson, A. D. Johnson, M. D., and Miss Mede Boggs, both of State Lick, Pa.

Porch—Mulford.—May 21st, by the Rev. J. E. Scott, Albert Porch, M. D., of Franklinville, N. J., and Mattie Mulford, of Millville, N. J.

Sands—Green.—At the residence of the bride's parents, June 24, by the Rev. O. C. Kirkham, Norton J. Sands, M. D., and Miss M. Evelyn, daughter of Benjamin Green, all of Portchester, N. Y.

Treichler—Dorlan.—June 10th, by the Rev. R. Cruikshank, formerly of Pottstown, Pa, C. G. Treichler, M.D., of Jonestown, Lebanon co., Pa., and Miss M. Lizzie Dorlan, second daughter of James M. Dorlan, Esq., of East Brandywine, Chester co., Pa.

Woolsey—Ward.—In New York, June 25, by Rev. E. Y. Higbie, Theodorus B. Woolsey and Katharine C., daughter of Thomas Ward, M. D.

DIED.

Thornton.—On the 22d of June, at the residence of his father, Dr. J. H. F. Thornton, near Cleves, Dr. Charles Thornton, of Cincinnati, aged 35 years.

ANSWERS TO CORRESPONDENTS.

M. D., of Md.—"Occasionally my advice has been asked in cases of intemperance; generally I was expected to give a remedy or prescription to destroy the appetite for intoxicating beverages. I sometimes did give emetica in nauseating doses, but with indifferent success. Now I have been told that parties have a secret remedy from a doctor in New York or Boston, I think, which is said to entirely and surely destroy this morbid appetite for spirituous drink, price, $12.00. Now I wish to ask: Are there such remedies or remedy, which will do it? Or is this nostrum, like others, got up on the credulity of the public? Could you or any reader of the Reporter give information on the subject?" The antidote you refer to is probably nothing but sol. tart. emet. We know of no remedy of the kind you inquire about. Would that we did.

E. P., of Ill.—You claim that the charges made against Dr. McFarland, Superintendent of the Illinois State Lunatic Asylum, were decided well founded by the Committee appointed by the Legislature to investigate them. We do not believe those charges, having a personal knowledge of the manner in which the asylum is conducted, and have heard, from other quarters, that the Committee reported precisely the contrary of what you state. Let us have its report.

J. R. S., of O.—The only way you can get the post of surgeon on an ocean steamship, is through the President or Directors. We are afraid we cannot help you much, as our own influence over such dignitaries is small. We will cheerfully endorse your application, if you think it worth while.

METEOROLOGY.

June.	22,	23,	24,	25,	26,	27,	28.
Wind	N. E.	N. W.	N. E.	E.	N.	E.	N. W.
Weather	Clear.	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Clear
Depth Rain							Sh'r. 1-10
Thermometer.							
Minimum	64°	55°	58°	55°	56°	55°	62°
At 8, A. M.	73	70	67	60	66	74	74
At 12, M.	82	76	74	75	76	81	82
At 3, P. M.	80	77	81	76	79	83	83
Mean	74.75	69.50	70.	66.50	69.25	73.25	75.25.
Barometer.							
At 12, M.	30.	30.1	30.2	30.3	30.2	29.9	30.

Germantown, Pa. B. J. Leedom.

HEGEMAN'S GENUINE COD-LIVER OIL.

Our Cod-Liver Oil is warranted pure *Newfoundland Oil*. It has stood the test of twenty years' experience, and can be relied on in every particular. Its superiority over that prepared on our own seashore is shown by the numerous cures performed by it when the inferior oils had been tried without effect. We make no claim to any secret mode of concentration or cold pressing, but warrant it pure O. Morrhua of the U. S. P.

The most perfect Iron Tonic.

Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK, deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

Hegeman's Cordial Elixir of Calisaya Bark. (Peruvian Bark.)

The CALISAYA (or "King's Bark,") is the most valuable of the numerous varieties of the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

For persons living in Fever and Ague Districts, it will be found invaluable as a preventive—half a wine glass taken night and morning, rendering the system much less subject to the unhealthy influence of the atmosphere.

☞ The above preparations are sold by Druggists throughout the United States.

Samples of the above preparations will be furnished on application.

HEGEMAN & CO., Chemists and Druggists, New York.

575—600—eow.

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SUMMER SCHOOL OF MEDICINE.—March to October.

OFFICE STUDENTS received for the whole or part of a Three Years' Course of Study.

DISSECTION, BANDAGING, DRESSING OF FRACTURES, OPERATIVE SURGERY, PERCUSSION AND AUSCULTATION practically taught.

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H. LENOX HODGE, M. D.,

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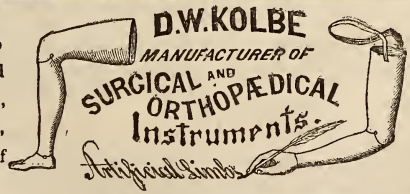
Particular attention is called to the improved artificial Legs and Arms; apparatus for Resection, shortened legs, ununited fracture, apparatus for the variations of



Club-foot, bow-legs, knock-knees weak ankle; spinal supporter apparatus for disease and injuries of hip-joints.

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MEDICAL DEPARTMENT.

One Hundred and Third Session—1868-69.

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GEORGE B. WOOD, M. D., Emeritus Professor of Theory and Practice of Medicine.

SAMUEL JACKSON, M. D, Emeritus Professor of Institutes of Medicine.

HUGH L. HODGE, M. D., Emeritus Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy.

ROBERT E. ROGERS, M. D., Professor of Chemistry.

JOSEPH LEIDY, M. D., Professor of Anatomy.

HENRY H. SMITH, M. D., Professor of Surgery.

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ALFRED STILLE, M. D., Professor of Theory and Practice of Medicine, and of Clinical Medicine.

D. HAYES AGNEW, M. D., Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery.

The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The Room for Operative Surgery and the Application of Bandages, etc. etc., is open early in September, and throughout the Session, under the supervision of the Professor of Surgery.

Surgical Demonstrator, JAMES COLLINS, M. D.

Fees for the Lectures (each Professor $20)..... $140
Matriculation Fee (paid once only)..... $5
Graduation Fee..... $30

R. E. ROGERS, M. D, *Dean of the Medical Faculty*, University Building.

W. H. SALVADOR, *Janitor*.
University Building.

P. S.—Board may be had at from $4.50 to $6 per week.

AUTUMN COURSE OF PRELIMINARY LECTURES FOR 1868.

This Course will commence on Monday, September 7, and terminate on October 10.

The Lectures will be delivered as follows:

MICROSCOPY. JAMES TYSON, M. D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M. D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M. D., Physician to the Pennsylvania Hospital.

DISEASES OF THE SKIN. H. LENOX HODGE, M. D., Physician to the Children's Hospital.

MORBID ANATOMY. WILLIAM PEPPER, M. D., Physician and Pathologist to the Philadelphia Hospital.

Admission Free.

AUXILIARY FACULTY OF MEDICINE.

HARRISON ALLEN, M. D., Professor of Zoology and Comparative Anatomy.

HORATIO C. WOOD, Jr., M. D., Professor of Botany.

F. V. HAYDEN, M. D., Professor of Mineralogy and Geology.

HENRY HARTSHORNE, M. D., Professor of Hygiene.

JOHN J. REESE, M. D, Professor of Medical Jurisprudence, including Toxicology.

The Fourth Course of the Auxiliary Lectures will begin on the first Monday in April, 1869, and terminate the last of June. These Lectures are free to all Students of the Regular Medical Course. 592—3 m.

TO PHYSICIANS.

Professor HORATIO R. STORER will deliver his fourth private Course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee $50, and Diploma required to be shown. Certificates of attendance upon the previous Courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, June, 1868. 592—

GEORGETOWN COLLEGE, D. C.

NINETEENTH MEDICAL SESSION, 1868-9.

College Building, Corner Tenth and E Sts.,

CITY OF WASHINGTON.

FACULTY.

NOBLE YOUNG, M.D., Pres't and Professor of Principles and Practice of Medicine, General Pathology, and Medical Ethics.

FLODOARDO HOWARD, M.D., Treas. and Professor of Obstetrics and Diseases of Women and Children.

JOHNSON ELIOT, M.D., Dean, and Professor of Principles and Practice of Surgery, Military Surgery, Fractures, and Dislocations.

JAMES E. MORGAN, M.D., Professor of Materia Medica, Therapeutics, and Medical Jurisprudence.

THOMAS ANTISELL, M.D., Professor of Physiology, Hygiene, Physiological Chemistry, Urinary Therapeutics, and Pathology.

MONTGOMERY JOHNS, M.D., Professor of Anatomy, Descriptive, Regional, and Surgical.

SILAS L. LOOMIS, M.D., Professor of Chemistry and Toxicology.

ROBERT REYBURN, M.D., Professor of Operative Surgery, Histology, Microscopic and Pathologicel Anatomy.

DANIEL R. HAGNER, M.D., Professor of Clinical Medicine.

J. HARRY THOMPSON, M.D., Professor of Clinico-Surgical Diseases of Woman.

ROBERT REYBURN, M.D., Professor of Clinical Surgery.

WARWICK EVANS, M.D., } Demonstrators.

LECTURES.—The regular course of Lectures will commence October 1st, and terminate the following March.

CLINICAL INSTRUCTION is given at Providence Hospital during May, June, July, and August; and at Campbell Hospital and at Columbia Hospital for Women during the College Course.

Clinical Instruction is FREE to the Matriculants of this School.

MEDICAL MUSEUM.—The Army Medical Museum, adjacent to the College Buildings, embraces a valuable collection of specimens in Anatomy and Natural History, and the finest collection of Pathological Specimens in the world, and affords unequaled advantages to students of Medicine and Surgery.

COLLEGE BUILDINGS.—In order to obviate the inconveniences experienced from the limited accommodations heretofore furnished, the Faculty are glad to announce that they have secured the large and commodious buildings situated on the corner of Tenth street west and E street north. These buildings contain spacious Lecture Rooms and all other conveniences requisite for the prosecution of the study of Medicine and Surgery, and for the accommodation of the students.

FEES.

For the full Course of Lectures..... $135 00
Matriculation..... 5 00
Demonstrator..... 10 00
Graduation..... 30 00
Single Ticket..... 20 00

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GETTYSBURG KATALYSINE WATER:

ITS REMARKABLE HISTORY,

And Wonderful Curative Powers.

The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle-fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves.

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present I state the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D. D.

Rev. Dr. MORIARTY is widely known as a Catholic Priest of high standing, and needs no indorsement.

A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

CAUTION.

As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

Retail price per quart bottle, 50 cents.

Retail price per case of two dozen quarts, $11. The usual discount to the trade.

All communications must be addressed to the GETTYSBURG SPRING CO., No. 63 Liberty street, P. O. Box 5138, New York.

The water is shipped direct from the Spring to all places so situated as to be more conveniently supplied from this source. FOR SALE BY DRUGGISTS GENERALLY. 592—

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RELIABLE AND PERMANENT

Pharmaceutic Dragees and Granules,

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No. 154 North THIRD Street,

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PILLS.	PRICE PER BOT. OF 100 EACH.	500 EACH
Aloes et Assafœt., U. S. P.,	$0 40	$1 75
Aloes et Mastich, (Lady Webster's Dinner Pills,)	50	2 25
Aloes et Myrrh,	50	2 25
Ammon. Bromid. 1 gr.,	75	3 50
Anderson's Scots. (See U. S. Dispensatory.)	40	1 75
Anti-Bilious (Veg.) { Pulv. Ext. Coloc. C. 2½ gr. / Podophyllin. ½ gr. }	70	3 25
Anti-Chill, { Chinoidin, 1 gr. / Ferri Ferocyan. 2 grs. / Ol. Piper. Nig. 1 gr. / Arsenic, 1-20 gr. }	1 25	6 00
Anthelmintic,	1 00	4 75
Antimony Comp.	40	1 75
Aperient, { Ext. Nux. Vom. ½ gr. / Ext. Hyoscyam. ½ gr. / Ext. Coloc. C. 2 grs. }	85	4 00
Assafœtida, 2 grs.	40	1 75
" Comp.	40	1 75
" et Rhei. { Assafœtida, 1 gr. / Pulv. Rhei. 1 gr. / Ferrum per Hydrog. 1 gr. }	75	3 50
Bismuth Subnit. 3 gr.	75	3 50
Bismuth et Ignatia,	1 50	7 25
Calomel, ½ to 5 grs.	40	1 75
" 5 grs.	50	2 25
" et Opii,	85	4 00
" et Rhei.	75	3 50
Cathartic Comp.	70	3 25
Cathart. Vegetable. { Podophyllin, Ext. / Colocynth, Virgin / Scammony, Aloes / Soap & Cardamon }	70	3 25
Chapman's Dinner Pills,	60	2 75
Ceriі Oxalat., 1 gr.	1 00	4 75
Chinoidin Comp. { Chinoidin. 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperine, ½ gr. }	1 00	4 75
Chinchon. Sulph. ½ gr.	75	3 50
Cook's 3 gr. (See U. S. Disp.)	50	2 25
Coloc. Comp. 3 grs. (Ext. Coloc. Comp. U. S. P.)	80	3 75
Colocynth. et Hydrog et Ipecac.	75	3 50
Copaibæ, U. S. P. 3 grs.	50	2 25
" et Ext. Cubebæ.	80	3 75
Diuretic. { Sapo Hispan. Pulv. 2 grs. / Sodæ Carb. Exsic. 2 grs. / Ol. Baccæ Junip. 1 drop }	50	2 25
Dupuytren. { Pulv. Guiac. 3 grs. / Hydg. Chlor. Coros. 1-10 grs. / Pulv. Opii. ½ gr. }	50	2 25
Ext. Valerian 3 grs.	65	3 00
Emmenagogue. { Ergotine, 2 grs. / Ext. Hellebore Nig. 1 gr. / Socot. Aloes. 1 gr. / Ferri Sulph. 1 gr. / Ol. Sabinæ. ½ gr. }	1 40	6 75
Fel. Bovinum. { Ox-Gall. 2 grs. / Pow'd Jamaica Ginger, 1 gr. }	50	2 25
Ferri (Quevenne's) 1 gr.	50	2 25
Ferri (Quevenne's) 2 grs.	75	3 50
Ferri Carb. (Vallet's) U. S. P. 3 grs.	40	1 75
Ferri Citrat. 2 grs.	50	2 25
Ferri Comp. U. S. P.	40	1 75
Ferri Iodid. 1 gr.	65	3 00
Ferri Lactat. 1 gr.	50	2 25
Ferri Pyrophosph. 1 gr.	40	1 75
Ferri Sulph. Exsiccat. 2 grs	40	1 75
Ferri Valer. 1 gr.	1 00	4 75
Ferri et Quass. et Nux Vom. { Fer. per Hydrogen 1½ grs. / Ext. Quassiæ. ½ gr. / Ext. Nux Vom. ½ gr. / Pulv. Saponis. ½ gr. }	75	3 50
Ferri et Quin. Cit. 1 gr.	75	3 50
" " " 2 grs.	1 40	6 75
Ferri et Strychniæ. { Strychniæ 1-60 gr. / Ferr pr Hyrd. (Quevenne's) 2 grs. }	75	3 50
Ferri et Strych: Cit: { Strych: Cit: 1-50 gr. / Ferri: Cit: 1 gr. }	75	3 50

PILLS.	PRICE PER BOT. OF 100 EACH.	500 EACH
Gonorrhœa. { Pulv. Cubebæ. 2 grs. / Bals. Copaib. Solid. 1 gr. / Ferri Sulph. Exsic. ½ gr. / Terebinth. Venet. 1½ grs. }	$0 60	2 75
Hepatica. { Pil. Hydrarg. 3 grs. / Ext. Coloc. Comp. 1 gr. / Ext. Hyosciam. 1 gr. }	80	3 75
Hydrargyri. U. S. P. 3 grs.	40	1 75
Hydrargyri. Comp. { Mass. Hydrarg. 1 gr. / Pulv. Opii. ½ gr. / Pulv. Ipecac. ½ gr. }	75	3 50
" Iod. et Opii. { Hydrarg. Iodid. 1 gr. / (Richards.) Pulv. Opii. ½ gr. }	75	3 50
Iodoform et Ferri.	3 25	16 00
Ipecac et Opii. 3½ grs. (Pulv. Doveri, U. S. P.)	50	2 25
Leptand. Comp. { Leptandrin. 1 gr. / Irisin ½ gr. / Podophyllin. ½ gr. }	1 00	4 75
Lupulin 3 grs.	40	1 75
Opii. U. S. P. 1 gr.	80	3 75
Opii. et Camphoræ.	90	4 25
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Opii. et Plumbi. Acet. { Pulv. Opii. ½ gr. / Plumb. Acet. 1½ grs. }	80	3 75
Podophyllin et Hydrarg. { Podophyllin ½ gr. / Pil. Hydrarg. 2 grs. }	50	2 25
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Quiniæ Sulph. ½ gr.	85	4 00
Quiniæ Sulph. 1 gr.	1 40	6 75
Quiniæ Sulph. 2 grs.	2 75	13 50
Quiniæ Sulph. 3 grs.	4 00	19 75
Quiniæ Comp. { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. / Acid Arsenious, 1-60 gr. }	1 75	8 50
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Rhei. Comp. U. S. P.	75	3 50
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" Sulphate. 1-10 gr.	60	2 75
" " ¼ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ½ gr.	1 10	5 25
" Valerianate. ½ gr.	95	4 75
Podophyllin. ½ gr.	40	1 75
" ¼ gr.	50	2 25
Potass. Permangan. Chryst. ½ gr,	50	2 25
Quiniæ Valerianate. ½ gr.	2 00	9 75
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Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 29.)

II. Ophthalmoscopic Characters of the Diseases of the Retina.

5. Retinitis Pigmentosa, or Spotted Retina,

Is a pathological condition of curious interest, but from the few opportunities offered for dissection yet remains, as regards its morbid anatomy, in an exceedingly unsatisfactory state, so that observers are not one as to its exact nature and relation with pathological conditions of the ocular membranes. It has been thought by some to depend upon chronic inflammation; according to Pilz it is encountered sometimes without the least connection with retinal inflammation; but in his hands, the ophthalmoscope has always revealed the presence of retinal atrophy. Stellwag and Junge entertain the view, which seems the most probable, that the disease depends upon some peculiar changes in the walls of the vessels of the retina. The pigmentation, at any rate, seems to have some important connection or dependance upon them, as the pigment is always distributed along their course, forming radiating lines with a point in the neighborhood of the papilla or the macula as their centre. This constant and peculiar arrangement of the dark coloring matter in bands, has conferred upon the disease the designation of the *tiger stripped retina.*

Observation has shown that the pigmentation always begin in early life, is often hereditary, and also in a large proportion of the cases, according to Liebreich some blood-relationship can be traced between the parents of the victims.

The influence of marriages of consanguinity is further shown in these cases of pigmental degeneration of the retina by the frequent association with them of some form of impairment of intellect, and defects in the organization of the auditory apparatus.

The disease usually affects both eyes, and progresses equally, although the subjective phenomena in both are not in exactly the same proportion with these changes, for the narrowing of the field of vision, and diminution in central sharpness are always further advanced in one than in the other. One eye has, however, in rare cases been found to be solely affected.

Even before the changes in the retina can be detected with the opthalmoscope, some defect in the power of vision is manifested, and almost always that form of it, characterized by an inability to see clearly during the night, called hemeralopia in rare instances nyctalopia has presented itself. There is a continual movement of the eyes observed, but not of the character of the astygmatic motion. At a variable period, the pigment begins to be deposited on the nasal side of the retina, between the papilla and the ora serrata spreading circularly, anteriorly, and posteriorly. The progress of the disease is quite slow, often extending even years before the retina becomes pigmented to a sufficient extent to abolish vision. The mode in which this is affected, is an important feature in the history of the disease, sufficing of itself to differentiate it from cerebral amaurosis. As stated above, the pigmentation spreads equatorily so that there will be a circumferential limitation of the visual field, and as the belt broadens, the narrowing of the field becomes greater and greater until it is perhaps reduced to an aperture of 10° or 15°; the central sharpness of perception will all this time remain sufficiently great

to enable the person to read fine type. On the other hand, in cerebral amaurosis, central sharpness is first impaired, while in that form of this disease, depending upon atrophy of the papilla and retina, the limitation is lateral, and very irregular until it is reduced to a mere horrizontal slit.

With the opthalmoscope, the peculiarly figured fundus can be easily seen, and the nature of the case exactly determined upon. The papilla presents the appearance of atrophy; the central vessels are diminished in size, and in an advanced stage of the disease are perceived as mere lines of a whiteish color, coursing toward the periphery. The thickness in the walls of the larger vessels often reflect the light in such a manner that they present bright borders. The arrangement of the pigment in round, oval or stellated spots, or in lines along the vessels, is so characteristic and peculiar that when once seen it cannot be mistaken for anything else. It is principally deposited in the anterior layers of the retina, and encircling the globe at its equator.

Always with these retinal changes, there will be found more or less alteration in the choroidal pigment, occasionally turbidity in the vitreous humor and frequently siliculose cataract.

6. Inflammatory Softening of the Retina.

There has been met rarely a form of amaurosis depending upon inflammatory softening of the retina, usually following choroiditis with plastic, effusion from the capillaries of the vasa vorticosa. The disease progresses rather slowly, and alway eventuates in atrophy of the optic papilla and the retina, and consequent destruction of the power of vision.

The nerve-cell layer of the retina becomes infiltrated with a grayish white matter, which confers upon the fundus a bright striated appearance, and a yellowish white reflection. The papilla becomes involved, and as the disease progresses further, the surface presents an ecchymosed and fine red-sprinkled aspect in patches, obscuring the retinal vessels. The resulting atrophy from pressure of the effused matter is attended with an almost complete obliteration of these vessels, when the retina and papilla present a white shining appearance.

7. Anemia of the Retina.

This affection is uncommon, it is characterized by the patient complaining of weakness of vision, for the relief of which he vainly employs glasses. Sometimes a cloud overspreads the field of vision, or the vision is disturbed by flakes of light, black specks floating before the eyes, or variously colored spectra. The ophtholmoscope reveals a diminution in the size and appearance of the vessels, both of the retina and choroid. The veins are pinkish, and very dilated, the arteries much contracted, and of a bright orange, while the choroidal vessels are of a pale yellow color. As the disease progresses, the circulation is completely arrested in the vessels which gradually disappear, or are only recognizable as threads. The macula becomes undistinguishable, and often numerous small spots of extravasated blood may be seen in its neighborhood. When the vessels have disappeared from the papella, it atrophies, and presents a white glittering appearance.

Anemia of the retina is always connected with impaired circulatory activity, the heart beating feebly, and the constitutional vigor of the patient is depressed so that the physician should ever be mindful of pursuing his search beyond the eye in examining a case of this kind, to the uterine organs, and remember that any treatment undertaken with any promise of success must be addressed to the system at large. Though rarely can anything be done to stay the further progress of the disease or ameliorate the present condition of the patient; for the anemia will most certainly result in atrophy. Paracentesis and iridectomy promise the best results.

8. Atrophy of the Retina.

This pathological condition of the retina most often is found in connection with the same change in the optic papilla; the latter we have already described so that it now only remains for us to consider the disease as it is observed to occur in the retina. It is encountered under two forms, pure or grey, and cloudy atrophy, differing from each other only in the extent of their destructive ravages in the layers of the retina, and the amount of proliferated connective tissue, the former variety being marked by its limitation to the anterior

layer, and the subsequent atrophic degeneration of the connective tissue, while the cloudy form involves the choroid and bacillary, as well as the anterior layer, and the hypertrophic connection tissue generally remains as a characteristic feature of the progress of the disease.

In the mildest grade of atrophy, the layers of the retina may still be made out, although considerably altered. In a more advanced stage all discrimination of boundaries between these are lost, as well as the distinction of their normal anatomical elements. The optic nerve is shrunken to a dense white cord lying loosely in its sheath, to which it is frailly connected by wide meshed cellular tissue. The nurilemma of the nerve-fibres is thickened while the filaments themselves are much changed, and even entirely destroyed, being replaced by a detritus of molecular fat. The degenerative changes in the proper nervous elements of the optic nerve and retina sometimes proceed further, resulting in the production of yet lower forms of organization, so that here and there small calcareous, pigmental osseous deposits are seen alway with the fatty matter.

This career of retrogressive metamorphosis in the retina, markedly in this cloudy form of atrophy, is always associated with alteration in the adjacent structures. The vitreous humor becomes clouded, especially toward its periphery; the choroidal pigment is destroyed in patches, exposing the sclerotica beneath to view, and in total atrophy, the retina is separated from the choroid, and forms a conical or funnel-shaped body, the base of the cone looking toward the ora serrata.

The subjective symptoms presented are always diminution in visual power, and lateral limitation of the field. The atrophy progresses with great irregularity, sometimes rapidly reducing the sight to a mere perception of light in a few weeks; at others, reaching over many months or even years. The amount of vision is not, however, in proportion with the apparent amount of atrophic degeneration, for in some cases the lowest degree impairs the function of the eye to such a degree that light is barely appreciable; in others, much greater changes are not incompatible with the clearest perception of diamond type.

The causes of atrophy are mostly intra-ocular, such as inflammation of the optic nerve and retina, choroiditis, glaucoma, or indeed, any morbid condition of the media or coats of the eye giving rise to intra-ocular pressure; sometimes we find the conditions originating in sanguineous effusions, tuberculous or other specific deposits into the brain or spinal marrow. Encephalic inflammation and tumors of the brain, especially those located about the optic foramen, and pressing upon the nerve are also occasional causes.

The ophthalmoscopic characters will, of course, vary with the stage in which the examination is made, and according to the form of atrophy present. In pure atrophy, which is usually restricted to the papilla and arterial layer of the retina, the earliest evidence of the disease is the presence of an oval glistening spot upon the nerve-disk, reaching from the point of convergence of the central vessels to the temporal margin, which resembles, in some degree, congenital excavation, but may be distinguished from this by the position of the vessels, in not presenting the sharply marked curving around their margins. The spot gradually enlarges upward and downward, until the whole papilla is involved, which is then found to be cleared of all the finer vessels normally existing upon its surface, and to present a glistening white reflection, often resembling that of mother-of-pearl; the disk retains its rounded form and distinct outlines, being bounded by the bright connective tissue ring. The larger vessels are usually still present, and their thickened walls reflect the light in such a manner as to margin them with bright borders; sometimes, however, the arteries appear diminished and the veins enlarged, and in the highest degree of atrophy, both orders of vessels are greatly lessened in size, so as to be only distinguishable as fine whitish lines running over the fundus. In gray atrophy, the yielding of the lamina cribrosa produce some degree of cupping of papilla, but the cœtaneous thinning of the superjacent nerve-tissue destroys it.

In cloudy atrophy, the color of the papilla is grayish-white, and does not present the pearly reflection until a very advanced period of the disease, and only

in some cases then. It is often changed in shape, presenting an oval or even angular outline, produced by a projection of the pigment from the choroidal margin. The vessels of the papilla are more diminished in size, and very obscurely seen upon the pale yellowish color presented by the whole fundus, which is most frequently further modified by the presence of pigment deposited in flecks or lines, or, more rarely, of cholesterine or laminated cicatricial deposits dotted here and there over its surface, the former presenting a glistening appearance, and the latter a bluish-white color.

9. Serous Effusion into the Retina.

This condition of the retina has been both diagnosed with the ophthalmoscope, and established by post-mortem examination. It is a pathological alteration, frequently of serious import, and, according to Desmarres, depends upon derangement in the choroidal circulation, as serous chemosis does upon that in the conjunctiva.

The ædema occurs suddenly, rendering the patient hemiopic or amaurotic. The fundus of the eye is pale, and a veritable puffiness is observable around the optic disk, while the elevated portion of the retina, determinable by the position and appearance of the vessels, compared with the rest of the fundus, is less brilliant and of a bright-yellow color.

Desmarres has observed it in retinal hyperæmia, congestion of the choroid, sometimes in cases of slight catarrhal conjunctivitis, and always in amblyopia originating from syphilis.

10. Plastic Effusion into the Retina.

In this form of effusion into the substance of the retina, the morbid changes that dissection have revealed are, according to Zander, chiefly the presence of granular cells of roundish or irregular outline, sometimes with a cell wall and one or two nuclei rendered turbid by fat, and mostly situated in the granular layer. They have been present in great numbers, partly scatteredly, partly aggregated in voluminous clusters, and are resistant, strongly opalescent bodies, very insensitive to re-agents, and in appearance sometimes irregular, sometimes resembling ganglion cells, possessing a similar contour, with processes, and containing in the centre a dark opalescent body, like a nucleus. There has also been hypertrophy of the basic connecting tissue, with molecular turbidity and fatty degeneration, such as always attend saturation of the tissue and separation of its elements by a coagulable, homogeneous fluid. The nerve elements are often unchangeable, often thickened, fatty, and turbid.

The eye in such cases usually presents quite a natural appearance exteriorly. The ophthalmoscopic characters of the affection are, however, well defined, and with attention, the nature of the case can pretty well be determined upon. The effusion is seen under various forms, sometimes as minute grayish-white dots scattered over the fundus, which in some places are aggregated into larger spots; again it is observed, and principally in the neighborhood of the optic papilla and macula, in large irregularly bordered patches of a whitish color, though this, in some instances is modified by reddish, yellowish, or bluish tints. Mingled with these spots, heaps of pigment are also present.

It is important in deciding upon the character of the alterations in the appearance of the fundus, to observe the positions and relations of these spots with the retinal vessels, for upon this depends the diagnosis of retinal from choroidal effusion. In the former, the matter being poured out into the substance of the retina among its vessels, will more or less obscure, if it does not entirely conceal them from view, so that they cannot be followed across the altered portion of that membrane, but suddenly cease, as if cut off at the border nearest their origin, and reappear again as suddenly at the opposite border. Sub-retinal effusions and alterations in the choroid lying behind these vessels, will form a white background, over which the vessels may be seen distinctly crossing from side to side, without interruption.

When the usually grayish-white retinal effusion is modified by a reddish tinge, it requires careful examination and wise discrimination to detect it, inasmuch as it is then so nearly allied in color with the natural rosy tint of the balance of the fundus, as to readily mislead one either into

the belief of the absence of retinal change, or that the really diseased portion of this membrane is the healthy one, and the normally colored portion surrounded by it, the unhealthy one. These facts are mentioned to put the observer on his guard, to make due allowanoe always for the effects flowing from the contrast of color.

[To be continued.]

SULPHITE OF SODA IN SYPHILIS.

By S. J. Radcliffe, M. D.,
Of Washington, D. C.

The sulphites and hyposulphites are fast coming into general use in this country; and the profession universally, we are sure, will not be slow in recognizing and appreciating the researches of Prof. Polli, of Milan, D. E. Ricci, and others, or in giving them their due therapeutical application. Whether or not they will ever be looked upon in the light of specifics, or be considered as true and unerring in their application to the diseases in which it is claimed they are appropriate as bark or quinine are to miasmatic diseases, is a matter yet to be tested; but that they will have a controlling influence upon most of those diseases classified among the septic, zymotic, or blood-poison diseases, cannot, I think, well be doubted. I have frequently had occasion to test their value in most of low forms of fever; and recently, in carbuncle, have had the most gratifying results. In a case of carbuncle that recently came under my observation, of enormous size, and fast undermining the constitution, after using the ordinary treatment, including the knife, with but indifferent results, resort was had to sulphite of soda, and the condition of the general and local symptoms were changed in a marked degree, almost from the commencement of its use, and the recovery was speedy and complete. No case have I ever treated with more satisfaction to myself or the patient. There is, I believe, much encouragement to be looked for in the treatment of all such diseases with these remedies and I think good results may confidently be expected in their exhibition at all times. From a digest of Prof. Polli's views, we learn that "pyæmia and septicæmia, and all the class of fevers with putridity and purulent absorption, such as hospital fever, puerperal fever, anatomical inoculation, and the like, have been treated by the sulphites with advantage; that the results have been very striking in the observations made in the treatment of endemic and miasmatic fevers; that they are found to cure a larger number than quinine, and more completely; and in measles, scarlatina, small-pox, and all the exanthematous diseases, and in typhus, great good has been obtained; and also that, though he does not venture to assert that they will prove available in the cure of cholera or the plague, he thinks there is reasonable ground for concluding that they will be highly useful as prophylactics in destroying the fermentable material upon which the malignancy and fatality of these pestilences chiefly depend." I use nearly the words of the digest. (See *Braithwaite's Retrospect*, July, 1866.) Acting upon the suggestion and references which he makes in regard to the subject of syphilis, and upon the general applicability of these remarks to all blood-poison diseases, finding in many cases of this effection, the treatment was very unsatisfactory, especially in those cases which had become, so to speak, fixed in the constitution, and so hard to eradicate—with sycosis, extensive ulcerations of the throat, and various portions of the body, suppurating buboes, etc. — I began the treatment of syphilis with these medicaments, and in no case have failed to derive benefit. Many of the cases embracing such as are noted above, at the beginning of treatment were quite unpromising, or had resisted more active measures; and embracing also those out-door patients who could not be watched, or restricted to a certainty to those hygienic measures which are necessary to a healthy action of the organism.

Though I directed my attention in the first instance to secondary or tertiary cases, believing it was in those I had an opportunity to estimate their therapeutic action; I have more recently also prescribed the sulphites and hyposulphites in primary syphilis, after a slight mercurial treatment, with decided advantage. In the older secondary cases, and those in a transition stage from secondary to tertiary, with local manifestations consecutive to pri-

mary chancre, such as phagedenic ulcerations, disease of the mouth, fauces, and nasal passages, I have found, with the internal and external exhibition of these remedies, the parts healing well and healthily, the cachexia disappearing, the patient more cheerful and hopeful at a very early period; and in the primary cases I have found the primary symptoms reduced in violence, the chancre healing, and the early eruption of the skin much limited in extent, and of shorter duration, and I think it will be found that the lymphatic glands will less frequently enlarge, and suppurate more rarely. In no instance have I failed to receive some advantage in their administration, and this is saying a great deal in favor of a single remedy or class of remedies. My experience, however, in treating syphilis with the sulphites and hyposulphites may be considered limited, and I may not be able to give a fair estimate of the value of these remedies in this disease, but simply record the outline, or make a note of the little experience I have had in this manner, with a view to calling attention to their action, more particularly in syphilis, and to elicit further investigation and experience from those having more opportunity for observation.

It was in chronic cases, as I remarked, that I resorted to the sulphites and the hyposulphites in the first instance, and being so satisfied with my attempt and progress, am sanguine now of their applicability and fitness for primary syphilis. Intending to pursue this subject further, I may, on some future occasion, have an opportunity to classify and tabulate my experience, with a view to more decided information, and for the present will restrict myself to these limited statements. I am confident—though I do not advise their use, to the exclusion of all other treatment—a trial of them will repay the practitioner, and am sure he will be satisfied—I might say, will be astonished—or, at any rate, will not be altogether disappointed in the result.

I prefer the sulphite of soda to the other sulphites, or to the hyposulphites, as I have derived more benefit from it. I give from ʒj. to ʒij. daily, finding this, in the majority of cases, sufficient, in divided doses, say three times, or four times a day, in simple solution in water, or in cinnamon water and compound tincture of cardamoms, continuously for an indefinite period, or until some change is observed for the better, and according to the progress of the case. Usually, in the course of a week or less, some action is manifested, and it must then be persisted in without abatement, to the consummation of the desired object. I have been pleased indeed, to see men coming to me with cheerful faces in a little while after having suffered, for perhaps a year, with a hopeless future, as amongst its other properties it has a peculiar reviving, exhilarating influence upon the system, which seems to show itself from the beginning. I observed this property primarily in carbuncle. In external exhibition, I use it in simple solution in water, or glycerine and water combined. In ulcerations of the mouth and throat, I direct a simple solution, or as above, as a wash or gargle; and as a wash in syphilitic sychosis it acts with remarkable promptness. Of course, every other direction necessary to keep the system in healthy action, patients are instructed to observe strictly, for in this depends very much of the success of the case.

THE USE OF WIRE-GAUZE IN THE TREATMENT OF FRACTURES AND OTHER INJURIES OF THE LOWER EXTREMITIES.

By Harvey L. Byrd, M. D.,

Professor of Obstetrics in Washington University.

Of Baltimore, Md.

As the science of medicine is indebted for its present grand and commanding position among its sister sciences, to truths which found their development in the necessities of our race, and as each established principle or fact may still serve as a nucleus around which other facts may accumulate and expand, it should be regarded as a duty, by every practitioner, incumbent upon himself personally, to make known for the general good of the profession, all such facts as may be developed under his experience or observation. Conformably with this obligation, I purpose calling the attention of surgeons, as briefly as practicable, to an addition I have made to my *arma-*

mentarium in the treatment of fractures, wounds, etc., of the lower extremities.

My attention was directed, some time since, to the importance of modifying and improving upon the apparatus known, particularly in this vicinity, as "SMITH'S Anterior Splint," an application that was recommended, some years since, to the profession by Dr. NATHAN R. SMITH, of this city. But whether original with him or not, is immaterial in this connection. It possesses, as all are aware who have given it a fair trial, important advantages over the splints, inclined plane, etc., so much in vogue a few years ago, and which still have many respectable and strong advocates. But experience has demonstrated to me, and some of my friends also, that the end was not reached, nor perfection attained in the SMITH splint, however much such a consummation was hoped for or expected by its friends, when applied to the treatment of fractures and injuries of the lower extremities.

I was called, during the past summer, to see a young woman who had fallen heavily and with great force upon her right knee, severely injuring its articulation, while playfully running with a young man over some boards or plank that had been thrown loosely over a scaffold. Whilst running over this rough surface, the toe of her shoe caught against a board, and the young man, in attempting to prevent her falling, lost his balance, and both fell together, he falling upon her. The accident occurred at a village a few miles from the city, and two physicians of the place, who were called in, decided to apply SMITH'S Anterior Splint. It was done in the usual manner, and she was brought to her home in the city on the following day. I saw her a few hours after her arrival, and found her suffering great pain in the injured knee and leg. I arranged the suspensory cord and pulley, re-adjusted the bandage, prescribed a full dose of morphia, and left her for the night. To my surprise, I found, on my visit the succeeding morning, she had not slept, and had suffered great pain in the knee, and much unpleasantness in the thigh and leg, in consequence of the bandages growing tight from an increase of swelling in the limb. The weather was very warm, and the young woman large and fat—weighing probably two hundred pounds—and as there was but little chance of rendering the apartment more comfortable by ventilation, I determined to make her condition as much so as possible by other means. For this purpose I procured at a store, a yard and a half of very fine *wire-gauze*, and after taking the proper dimensions of the thigh, popliteal region, and leg, had the wire-gauze cut so as to adapt it to the posterior and lateral surface of the limb, and bound around with stout cloth, to which, at proper intervals, pieces of strong linen tape were securely sewed. The limb was now made nude by removing the bandage that sustained the splint, and the wire-gauze, as above prepared, placed in position *under* it. When this was accomplished, the "anterior splint," receiving proper shape, was placed over the *front* of the extremity, the wire-gauze secured by the tapes to its longitudinal bars, and the hooks from the suspensory apparatus having been passed into the rings or eyelets of the transverse bars of the "splint," the limb was swung from the bed.

The greatest comfort was immediately experienced by the patient, and after adjusting the lengths of the tapes, so as to obtain evenness and accuracy of adaptation of the wire-gauze to the surface of the entire limb, the patient was left for the day. The whole manipulation, from the time the wire-gauze was ready for application, until the procedure was completed, did not occupy as much time as I have taken in writing this account of it. If the details above given, are sufficiently clear of comprehension, it will be observed that the important objects of extension, and counter-extension, were as fully accomplished in my case, as they could have been by any other means, while the great relief from all *anterior* compression of muscles, and the free exposure of the surface of the limb to the atmosphere, not only anteriorly, but laterally, and posteriorly also, were sufficient to impart all the comfort she experienced from the change of treatment. But the scientific surgeon will readily perceive other, and, if possible, greater advantages, which may be obtained from the wire-gauze, in the management of fractures and wounds of the lower extremities; or,

perhaps, we should rather say, great additional advantages, for it is difficult to conceive of any much greater advantages than free ventilation in such cases. The chief of these advantages are so apparent, as to scarcely require to be mentioned; such, for example, as in compound and comminuted fractures, saber and bullet wounds, or in other wounds involving the skin and subjacent structures, and requiring frequent ablutions or dressings, without disturbing the general position or condition of the limb, a desideratum which will be sought for in vain outside of the wire-gauze.

A wound may be clearly seen, and freely syringed or sponged, and even receive other local treatment *through* the wire-gauze, when posteriorly or laterally situated, without disturbing the position of the limb in the slightest uncomfortable degree. Again, where it is desirable at any point, to remove undue or uncomfortable pressure, nothing is more easily accomplished, as the tapes, or what is preferable, leather straps and buckles, attached to the wire-gauze, may be slackened or tightened at such points as may be necessary to secure the desired relief. By this management, undue pressure on the muscles is almost com pletely obviated. Besides the foregoing, there are still other advantages attainable when the wire-gauze is properly attached to an anterior "splint" or support. But each case will render these severally apparent to the intelligent practitioner, and indicate the mode and manner of their achievement.

Experience has fully satisfied me, that with sufficiently fine wire-gauze, accurately cut and adjusted, by leather straps and buckles, to the anterior supporter, or splint, no zagging occurs, and the patient is rendered far more comfortable than he could be made by any other known means whatsoever. I regret not having a drawing of the apparatus as applied, but feel confident that a little thought will enable almost any one to prepare and adjust the appliance, with as much ease as that of an ordinary fragmentary bandage.

I could mention quite a number of professional names in support of my own convictions of the utility of the wire-gauze appliance, but will only allude to those of my colleagues, Professors Chancellor and Warren, of Washington University, and Professor Chisolm, of the South Carolina Medical College, now a resident of Baltimore.

SYPHILIS—ITS NATURE AND CAUSE.

By Geo. W. Lawrence, M.D.,
Of Hot Springs, Arkansas.

Syphilis should be regarded as an *entophytic* ill. One that is frequently locally engendered. A disease that is daily developing, propagating *some certain vital conditions*, its own *specific septic germs*, in the vitiated emanations of its abnormal secretions.

It is a disease that does not belong to the cleanly and virtuous, except it arises from accidental impressions. It belongs to the *unclean*—those "not purified by rites." It results from the abuse of Divine law; it is a penalty for the sins of the flesh.

Inflammatory and irritative action of the *genito-urinary surfaces* involves all functions, and makes follicular alterations, causes *parasitic growths* and *infectious* diseases.

The delicate tissues of the uterus, vagina, vulva, urethra, and prepuce, with the abundant supply of mucus orifices and epithelial cells, the entire secretions belonging to those parts, afford a suitable material for *septic transformations*, which altered agency sporadically generates *venereal* diseases.

Syphilis doubtless has existed from time immemorial. It originated in the genitals. "It is the soil where ills promiscuous springs."

Meterological disturbances, changed electrical condition, sudden transitions of cold, emotional distress, morbid excitation of amorous passions, visceral congestion, age, sex, temperament,* race, general state of health, all favor the development of degenerate *organisms*, and produce a train of ills such as uterine catarrh, leucorrhœa, vaginitis, vulvitis, urethritis, balanitis, pruritis, herpes, follicular ulcerations, blenorrhagia, and syphilis. Can we not demonstrate microscopically, distinctly notice the law of pathological development advancing from simple *genito-urinary* disturbances

* Syphilis is more promptly amenable to treatment in the pure bred African race.

onward to the true virulence of venereal maladies? Have we not morbid forces sufficiently alive in depraved secretory action to give syphilis a spontaneous origin, pathological conditions capable of producing and evolving the peculiar algoid toxic spores?

The introduction, dissemination, and diffusion I assume have not simply in all cases been through the old alleged medium of propagation, *i. e.*, contracted through voluntary personal contact, or infected directly through inoculation, vaccination, hereditary impressions, involuntary or accidental causes. It is a *special self-producing germ*, conditioned from *septic* results, which generate in the inherent surroundings the necessary "*materies morbi*" for its peculiar wants and original formation.

It can be propagated through mysterious ways, mediate and intermediate, introduced artificially, or contracted from *any abnormal secretion that contains the specific germs, spores or filaments of matter*, so that it will by contact *impress* the system by absorption, and these accumulate by vegetation, its specific loathsome ills.

Syphilis, like all other diseases, had a great first cause, an origin, a source. The cause that generated syphilis had prevailed and yet remains. The spores of diseases, produced by *uncleanliness*, as recorded by Moses, the great lawgiver, doubtless existed anterior to his generation, they still exist, and will continue operating to provoke results.

Is it not unintelligible in the present age of scientific enlightenment to imagine to the contrary? Would it not be a reproach to science, to our boasted medical advancement to suppose that syphilis has *alone* been increasing exclusively thus *without check or cure*, since the great epidemic of the fifteenth century?

The following considerations I entertain are important to syphilitic patients.

1st. That syphilis is caused occasionally by septic results in certain morbid secretory developments.

2d. That it is erroneous to suppose that syphilis is only transmitted or *disporated* directly or indirectly by chancres or consecutive accidents.

3d. That the arbitrary stages, divisions or accidents of the disease have received too much significance or professional refinement.

4th. That the *impressive* stage (*i. e.*, evolution of primary developments,) throughout all the *consecutive* manifestations, down to the *aura syphilitica*, (which is evident in the cachexia) is one and the same syphilitic poison, modified only by constitutional or vital influences. VIRCHOW, in part, has previously declared this, and SALISBURY not only confirms but *illustrates the "crypta syphilitica"* as the veritable toxic parasite.

5th. That syphilis if neglected is an *accumulative* ill. A disease, if curable in the advanced *consecutive* forms, can more readily be arrested and annihilated in the *impressive* and earlier stages.

6th. That the blood of the infected and *all secretions that contain specific spores and filaments* are capable of producing syphilis under favorable circumstances by inoculation.

7th. That where other signs do not exist to demonstrate syphilis the *microscope* must decide and be relied on to reveal the mysteries and doubts concerning the disease. Chancres and chancroids must be satisfactorily investigated, brought within the same field of vision, there scanned by the educated eye for satisfactory results. The *microscope alone must unveil and determine the points in controversy between the unitists and dualists.*

8th. That *prophylactics* should be more generally regarded and encouraged by the profession to prevent the spread of syphilis.

—— The celebrated MAX VON PETTENKOFER, Professor of Hygiene in the University of Munich, recently visited Malta, Gibraltar, and other localities on the Mediterranean, to gather facts for the support of his theory, that the cholera poison is connected with a certain amount of moisture in the soil. The English Government assisted his investigations very liberally, and we learn from the *Allg. Med. Central-Zeitung*, that the Professor returns well satisfied with the facts he has discovered.

—— The enlargement of the Prussian army includes the appointment of one hundred and sixty-five military surgeons of various grades, and even with these the wants of the army are only partially supplied.

Hospital Reports.

Pennsylvania Hospital,
Philada., March 28, 1868.

Clinic of J. M. Da Costa, M.D.

Reported by Dr. Napheys.

Cases of Pleurisy.

Case 1. Rebecca H., æt. 19; domestic; of healthy family; a hearty, well nourished girl; admitted March 16th. No history of any ailment prior to March 7th, when she was seized with severe pain in the right side of the chest. This pain moved downward from the shoulder; it was associated with a cough, but a cough slight and without any sputum, or at least with an expectoration very trifling. When admitted on the evening of the 16th, there was dulness over the right side, particulary at the lower portion. Posteriorly, at the inferior angle of the scapula, there were friction sounds and fine râles; no tubular breathing anywhere. The respirations at the lower part of the right side, where there was dulness on percussion, were feeble. The vocal vibrations on that side were decidedly diminished, as compared with the left. Pulse, 140; respirations, 32; skin, dry and heated, but not hot; and the patient very weak.

These signs at once evidenced pleurisy with effusion, in which, however, the effusion was not very considerable, as shown by the presence of friction-sounds at the inferior angle of the scapula. The fact that there was no destinct tubular breathing, proves the absence of any pneumonic complication. There were a great many râles on the left side from accompanying bronchitis.

She was placed on nitrate of potassa, five grains; Dover's powders, three grains; and one-fourth of a grain of powdered digitalis, every fourth hour. Poultices were applied on the right side, alternating with turpentine stupes. On the 19th inst., in the evening, it was very evident that no improvement had taken place in the symptoms. Her pulse was 140, very much the same as on admission; respirations, 36; and the temperature, 103 3-5. Nor was there any improvement on the next day. The alæ of the nose worked a great deal; evidently the respiration was much embarrassed.

The powders nauseating her, and not answering the purpose, they were suspended, and on the 20th she was ordered two grains of pil. hydrarg-gri, with one-fourth of a grain of opium, three times a day. Under this treatment she commenced to improve; gradually there has been a reduction in the frequency of the breathing and in the amount of the effusion. The treatment was persevered in until the 24th, when the gums being slightly touched with the mercurial, it was suspended.

To-day she is perspiring a great deal; pulse, 136; respirations, 36; temperature, 102. She feels stronger. Her pulse, however, is rather feeble, as indeed it has been throughout, notwithstanding the healthy appearance of the patient. There is good resonance on the left side anteriorly. On the right side anteriorly, the dulness does not begin until the mammary region is reached; above that the sound is somewhat tynpanitic, higher pitched than the vesicular sound of the left side. At the back, on the right side, there is still dulness on percussion, which does not begin fairly until fully two inches below the angle of the scapula. At the upper portion of the right lung the resonance now is fair. The most marked friction-sounds are now perceptible posteriorly, over the right lung, even low down. Some friction-sound is also heard anteriorly, in the right mammary region and below; above that vesicular breathing is perceived.

There is here decided diminution of effusion, as contrasted with the record taken on the first day of admission. The dulness is much less, and the friction-sound developed over a much larger space. The case is, therefore, progressing favorably. The improvement only commenced with the alterative treatment with the mercurial; after the mercurial had shown a constitutional impression, it was not advisable to push it further. Therefore, on the 24th inst., the treatment was changed to five grains of iodide of potassium, with ten of acetate of potassa, in a drachm of syrup and three drachms of solution of acetate of ammonia. She also took a Dover's powder at night, which did not produce nausea.

Under this treatment she has been improving, and everything is now going on well. Throughout the case the patient has been given a moderate amount of stimulus. This has been done reluctantly; but as she was very feeble at times, and as the difficulty of breathing caused her to be quite exhausted, it was judged advisable to give a small quantity of stimulants, not as any plan of treatment, but simply to sustain the strength until the remedies could take effect. She has been rather supported than stimulated. The character of the first sound of the heart and of the pulse, furnished a guide in the administra-

tion of stimulus. When the pulse was feeble it was administered; when the pulse went up, it was withdrawn.

The treatment will be continued, with the addition of a blister, 6 x 8, on the right side, on the back, which may now be employed with advantage, as the effusion is being absorbed.

Case 2. Daniel McK., æt. 27; gardener; admitted March 13th. He had two severe malarial attacks at Fortress Monroe in 1862. Six weeks before his admission he suddenly lost consciousness. He says he had had no symptoms of any disease prior to this loss of consciousness, which he describes as a faint. He states, however, he had shortness of breath for two days previous, but no pain in the side. When admitted he had a very cachectic look, his breathing was hurried, lips bluish, and it was with great difficulty he was brought into the ward in a much exhausted condition. On examining the chest, marked dulness was perceived over the whole of the right side, with great bulging. Respiration was almost absent on that side, excepting perhaps at the very apex. A tremulous, extended impulse in the cardiac region, increased percussion dulness and a muffled first sound were also noticed.

At present, the right side is still dilated. It measures now nineteen inches on a level with the nipple, against seventeen and one-eighth on the left side, showing therefore a difference of one and seven-eighths between the two. There is bulging of the intercostal spaces in the right side, where there is still dulness on percussion anteriorly and posteriorly, excepting just under the clavicle, where some approach to the pulmonary sound is obtained. The vocal vibrations, which are distinct on the left, are not perceived on the right side. As regards auscultation, everywhere on the right side the murmur is faint, though not so faint as it was on admission, when indeed no murmur could be heard toward the inferior angle of the scapula. With reference to the heart signs, there is a tremulous action in several intercostal spaces, but lacking in anything like force. On applying the ear there, the first sound is found to be still dull and muffled; while the percussion dulness is increased.

The diagnosis in this case is plain. The dilatation of the chest here existing, the absence of vocal fermitus, the comparative absence of breath-sounds, and the flatness on percussion, can mean but one thing—a pleuritic effusion. There is also a pericardial effusion, probably preceded by pericarditis. And the peculiarity of the impulse, the fact that the first sound remains more distinct than might have been expected from the existence of pericardial effusion, and the history of the case, all point to pre-existing hypertrophy of the heart.

Is this case to be treated by resorting to a mercurial impression, which was of so much service in the case just quoted? Inasmuch as the effusion has existed for two months, and is complicated with cardiac disorder and a cachectic state of the system, it is not advisable to employ mercury. In the other case there was an opportunity to make the mercurial impression within about two weeks of the time of seizure; in this, two months at least of time has passed. The fluid in the chest is now no longer pure serum; some pus is admixed with it. The attempt will be made to stimulate absorption, while nourishing the patient. He has been taking fifteen drops of the syrup of iodide of iron, three times a day, and fifteen grains of acetate of potassa, in two ounces of infusion of broom. The acetate of potassa has been lately stopped, and the iodide of potassium, five grains, were substituted. The chest has been painted with iodine, and blisters will also be resorted to. He is taking four ounces of whisky in the twenty-four hours.

He passes now about two quarts of water a day; a diuretic action evidently going on. He is clearly improving; if the improvement does not progress reasonably, the aid of the surgeon will be called in, to let out the fluid before it is too largely altered into pus.

Editorial Department.

Periscope.

Anæsthetics.

In the *British Medical Journal*, for June 13th, are the following observations on this topic: The blessings and advantages of anæsthesia under the knife are so great, that it is not likely that even the fullest knowledge of the risks attendant upon the use of anæsthetics will influence persons who have to undergo serious operations to reject the opportunity of sleeping through the ordeal. But it is right that the full risks should be known both to the whole profession and to the public; and it is especially important that the particular mortality of each anæsthetic agent should be accurately ascertained. It is very noticeable, that the majority of chloroform-deaths have occurred where it has been adminis-

tered for brief and minor operations. The evidence appears to be accumulating in favor of the use, for such operations, of the protoxide of nitrogen gas, of which we lately described the remarkable advantages in respect to its rapidity and transcience of action, its agreeable odor, and freedom from subsequent ill effects—nausea, depression, and the like. Mr. Colton, who is now in London, produces an autograph scroll of twenty-seven thousand persons who have inhaled the gas in America for extraction of teeth and for minor surgical operations, with the most satisfactory results—pain having been annihilated, and the unconsciousness having passed away within one or two minutes, leaving only agreeable recollections. Some of the entries on the scroll are amusingly characteristic. Many of the patients "have had a high old time;" some "would have teeth pulled that way all day long." Here and there comes a bit of poetry, effusive and grateful, but not destined to immortality. Curter entries of "delightful dreams" are abundant. One gentleman, who came six thousand miles, thinks the journey not too long for the result. The continued experience of the dental surgeons of the Dental Hospital since the date at which we first referred to the subject; the introduction of the gas into London by Dr. Thomas W. Evans of Paris: the experience of Mr. Sercombe at St. Mary's Hospital, of Dr. Sanderson and Dr. John Murray at Middlesex Hospital, and of Mr. Ibbetson, Mr. Coleman, and Mr. Clover, who have been steadily using it and watching its effects, are more and more favorable to it. But we are not the less anxious to repeat the caution which we at first gave, that the pallor and blueness of the skin indicate that it is an agent having far too potent an influence over life to be trifled with; that it does not seem, as at present administered, to be suitable for prolonged operations; and that the purity of the gas, the perfection of the inhaling apparatus, and the skill of the administrator, must be considered essential elements in the successful use of the anæsthetic and the safety of the patient. The new and highly important scientific experiments of Dr. Sanderson and Dr. John Murray, to which we refer elsewhere, open up new views of anæsthetics, and are very favorable to the protoxide of nitrogen.

The Transactions of the Provincial Medical and Surgical Association for 1849, contains a great body of information, and seems to have been but imperfectly known to subsequent investigators.

"If it had been," writes Mr. Nunneley, "I can hardly suppose that more than one substance there noticed, and its value as an anæsthetic clearly stated, would since have been introduced as a newly discovered body. For instance, the substance which is now called the bichloride of methyl, but which was then known as the chloride of carbon (the composition of all these bodies being then undetermined, and but little understood, Turner stating the dichloride of carbon to be a solid crystalline fibrous body), and which has lately been so extolled as an anæsthetic, was thoroughly experimented upon, and thus spoken of. 'The chloride of carbon is a safe and not unpleasant anæsthetic; in action not dissimilar to chloroform and the chloride of olefiant gas, but not, I think, quite so powerful as either of these. The foregoing experiments are however, I think, sufficient to justify its trial upon man; and should it be found to answer, it will be valuable as being the cheapest of all the fluids which have yet been proposed, at least such as are likely to be used.' (p. 175.) The correctness of these results I years ago proved by its effects upon man. In operative surgery it is in no way superior to chloroform. The chloride of olefiant gas, and the bromide of ethyl, were proved to be not only most pleasant, efficient and safe anæsthetics, but in every respect superior to chloroform. These conclusions have been amply proved by the frequent use I have made of both of these agreeable anæsthetics in the performance of many of the most serious and prolonged operations to which the human body can well be subjected. So superior, indeed, to chloroform, do I consider both the chloride of olefiant gas and the bromide of ethyl, that, were the cost of their manufacture reduced, as I believe it might easily be, to a level with that of chloroform, they would soon supersede the use of it. But not to dwell upon these and allied matters, I would be allowed to reproduce literally and without comment what I then said of protoxide of nitrogen; first relating some of the experiments in which it was administered to animals, and then the deductions drawn from them; the correctness of which I now do not see any reason for doubting."

Mr. Nunneley gave, in that essay, an account of numerous experiments, which will be found fully recorded in the volume of the *Transactions* above mentioned. In now referring to them, he observes:

"The experiments show that, though transient unconsciousness may be induced by it, the gas can never be used for prolonged or serious operations; that it is most uncertain in its action upon animals of the same class; that the boundary

between light sleep and death is ill-defined and capricious; and that neither in its chemical constitution nor its physiological action does it much, if at all, resemble the true anæsthetics; for while with them, though every other element may be excluded, carbon must always be present, and the condition of the blood, heart, lungs, and other viscera, after death from it, is dissimilar from the condition after death from them, these objections are quite sufficient, without taking into account the many inconveniences of its preparation, preservation, and transportation, to prevent its ever being employed in the actual practice of surgery. I would venture to caution all who may be tempted to employ the protoxide of nitrogen, to be most careful in so doing, or I cannot but greatly fear that the lives of their patients will most painfully prove its dangerous character; while I do not see one single advantage which it possesses over those liquid anæsthetic substances which are in all respects so much more convenient and manageable. If any one prefer to use a gas rather than a liquid, let him employ common coal-gas, which is an excellent true anæsthetic, effective and safe in action, easily managed, always to be procured, very cheap, and, when tolerably pure, not followed by any unpleasant consequences. It is far safer and more effective than either the heavy or the light carburetted hydrogen alone, however pure these may be, and one which, the four fluids—bromide of ethyl, chloride of olefiant gas, chloroform, or bichloride of methyl (chloride of carbon)—not being procurable, I should not, in an emergency, hesitate to use."

Religious Persecution in the Nineteenth Century.

The able correspondent of the *American Literary Gazette* gives the following account of a struggle now going on in Paris between medical science and religious dogmatism:

"Some dull but zealous fellow has just petitioned the French Senate to redress the grievance all devout people feel they have in the pernicious doctrines taught in the Paris Medical School, which sap the very foundations on which not only religion, but society rest. These are the allegations made by the petitioners. Dr. See said: 'The nervous substance's property is to think, and when it dies thought will not find a second life in a better world. Matter is the god of science. If a man has a soul, the monkey likewise has a soul; if the monkey has no soul, then man has none.' Dr. Vulpian said, in eulogizing Malthus: 'Wherever easy circumstances increase, there also paternal care should increase to avoid begetting many children.' Dr. See is further accused of lending his countenance to a deplorable thesis. Last December a thesis was presented by a candidate, Dr. Grenier, for a diploma. The thesis was entitled, 'Medico-Physiological Study of Human Free-will.' Dr. Grenier requested one of the professors to accept the place of President of the Board of Examiners. When he told the professor the subject of his thesis, the professor declined, 'and there is good reason to believe he informed his colleagues of his refusal.' Dr. See, however, accepted and signed the thesis, occupied the chair at the Board of Examination, allowed Dr. Grenier publicly to sustain the truth of his thesis, and declared the examination satisfactory, and granted the diploma to Dr. Grenier. In this thesis Dr. Grenier not only denied a future life and future rewards and punishments, but he denied free-will. He asserted man was an irresponsible agent, because he was not a free agent. He asserted there was no such thing as conscience; he declared man to be but an animal, such as the beasts of the field; and he asserted society had no right whatsoever to judge or to punish man for crimes. If there is an obscure publication in the world—if there be a pamphlet predestined to the rag-picker's basket, it is a thesis. The most pernicious doctrines may be broached in it with as much impunity as the right to assassinate our enemies may be advocated in an empty coal cellar. But some zealous person got hold of this thesis, and made so much noise about it as to attract the attention of the clergy and the government. Pressure was put upon the Minister of Public Instruction to force him to punish the professor and the student who were connected with this thesis. The minister laid the matter before the Academic Council, and requested it to annul the diploma. The Council replied it had no jurisdiction. Thereupon the minister decided he could annul the thesis, examination, and diploma, and he did annul them. He went further; he ordered the professor to be reprimanded before the Academical Council, and record to be made of this reprimand in the notes on the professor (kept in the government archives), and on the registers of the Academy of Paris, and of the Medical School. The French Senate have postponed the debate on this question to suit the Cardinal's convenience. The discussion will be angry. M. Sainte-Beuve takes no pains to conceal that he will make a *virulent* speech on the question. I ought to add, the professors deny having made the remarks imputed to them.

Dandruff.

The *Jour. of Applied Chemistry* has the following observations on this common and troublesome affliction:

"It is due to an excessive secretion from the sebaceous glands, and results in an accumulation of this secretion upon the surface of the scalp, which, unless frequently removed by mechanical means, or by a proper solvent, is soon converted into sebacic acid, mixed with particles of dead epidermis, forming whitish or yellow scales, which may be removed by scratching or brushing. Sebacic acid is but very sparingly soluble in cold, but more soluble in warm water, soluble in ether, alcohol, and the fatty and essential oils. It easily unites with ammonia, forming *sebate* of ammonia, which is readily soluble in water, with soda, it forms *sebate* of *soda*, which is soluble in water, but less so than the corresponding potash salt. It would therefore seem that a weak solution of carbonate of potash would be better than one of sal soda. When any of these solutions are used for removing dandruff, the soluble sebate should be washed off with cold, or slightly tepid water, and the head thoroughly dried, after which a little oil, either alone or dissolved in alcohol, should be applied. In the aggravated form of pityriasis, called *porrigo amiantacea*, which is more common in women than men, it is attended with a loss of the hair, which, however, will grow again upon removal of the cause. These alkalies do *not* tend to produce rather than prevent the disease, but unless the resulting compound is thoroughly washed off, as directed above, it may lead to another form of *pityriasis simplex*, which is due to a deficient secretion from the sebaceous follicles, and may be produced from the use of strong alkalies or soaps, or by exposure to very dry winds, or the use of hard water. The formula of sebacic acid is

$$C_{20}H_{18}O_8,$$

and, as a general rule, the alkaline sebates are readily soluble in water, those of the alkaline earths with difficulty soluble, while those of the heavy metals are insoluble. Hence, aside from the poisonous qualities of hair-washes containing lead, to which we have more than once alluded, the insolubility of the resulting sebate of lead would also form an insuperable objection to their use. The same cannot be said of a wash or dye containing nitrate of silver, inasmuch as the resulting oxide of silver is dissolved in aqua ammonia, which is on the other hand the base of a soluble salt with sebacic acid. The sebaceous lands of other portions of the body besides the scalp secrete this matter, and it should in like manner be removed by frequent ablutions with soap or alkali and water, also taking care to remove all their traces by a second washing in pure water. While the system is in a normal, or healthy condition, dandruff or scurf will always accumulate on the surface, unless removed by the mechanical or chemical means to which we have alluded. We have never been called upon to analyze the wash you mention, and know nothing for or against it."

Nasal Therapeutics.

At a recent meeting of the Liverpool Medical Institution, reported in the *British Medical Journal*, Dr. Banks, one of the members, made the following extremely practical remarks on the Application of Remedies to the Nostrils and Larynx.

"Weber, of Leipzic, discovered fifty years ago that, when a column of water was passed along one nostril, when it touches the soft palate, it causes it to rise so as to shut off the nasal from the pharyngeal cavity, so that the fluid is compelled to return through the other nostril. Weber, of Halle, first put the principle into practice; and in 1864, Dr. Thudichum invented an instrument, and published some papers on the subject. The points to be attended to in using the instrument were the following: 1, the nozzle should fit the nostril accurately; 2, in children and nervous people, the full stream should not be turned on at once; it should be allowed to pass in gently at first, and then gradually increase in volume and force; 3, the current should be reversed occasionally. Cold water is irritating; and, therefore, tepid water, or a solution of an ounce of salt in a pint of water, may be used, followed by a deodoriser, as Condy's fluid, liquor carbonis detergens, or especially carbolic acid, and afterward a stimulant astringent, as alum, (one drachm to the pint,) sulphate of zinc or copper, (from ten to thirty grains to the pint,) etc. The solution should not be too strong at first. The instrument was also useful in some surgical accidents, such as foreign body in the nostril and severe epistaxis, when some dilute hæmostatic should be employed. Dr. Skinner had been practically making use of this principle before Dr. Thudichum's paper appeared, the instrument employed being a Higginson's syringe. The author had found Mr. Bryant's mode of treating nasal polypi, by blowing tannin into the nostrils through a quill, very satisfactory in some cases, especially soft and gelatinous polypi. Another troublesome

affection—a chronically swollen and thickened condition of the nasal and palative mucous membrane—was benefited by the administration of iodide or bromide of potassium; but local astringents were also useful, and were best applied by means of the spray producer. The best applications were glycerine of tannic acid, (one scruple to one ounce of water), or a solution of iodine, with a small quantity of carbolic acid. Speaking of affections of the throat, the author observed that, of the various instruments devised to bring remedies into contact with the air-passages, the spray-producer was the best. Its use was very great in chronic laryngeal affections, and also in many acute affections, as putrid sore throat and scarlatinal cynanche, and diphtheria. The spray-producer could not be employed with very potent remedies, such as strong solution of nitrate of silver. A piece of whalebone, bent at an obtuse angle near the end, and having a brush (better than a sponge) attached to it, was the best instrument for applying these. Care and dexterity are requisite in using it."

Poisonous Articles in Common Use.

The Berlin *Allgem. Medecin. Central-Zeitung* calls attention to several articles in common use, which are dangerous to life and health. They are:

Stearine Candles. One kind of these are remarkable for the alabaster whiteness; when broken they show rather a spongy than a crystalline texture, and on burning emit a feeble garlicky smell, and a slight white smoke. These contain *arsenic*, and should be avoided.

Visiting Cards. Some of these present a brilliant white crystalline superficies, which readily separates from the body of the card when it is bent. This is produced by a thin layer of acetate of lead, and therefore children should never be allowed to play with such cards.

Blotting and filtering paper. Much of this is used by confectioners, cooks, and druggists. That cheap quality, which is of a light-grey color, is made from paper cuttings and old carpets, and is seldom entirely free from arsenic and other mineral poisons, which are used in dying these latter. A chemical examination disclosed one grain of white arsenic, five-sixth grain oxide of copper, one-quarter grain oxide of lead, in twenty-five grains of this paper. It should never be applied to such purposes.

Woolen Dyes. The dyes now largely employed in woolen fabrics are often deleterious, and even the time-honored red flannel as it is now manufactured may be positively injurious when worn next the skin, owing to the danger of absorption. It is better to use white than colored under garments.

Reviews and Book Notices.

NOTES ON BOOKS.

These are among the late publications: Dr. P. J. M. BRASSAC's "Essai sur l'Elephantiasis des Grecs, lepre phymatode et aphymatode," (republished from the Archives de Médecine Navale"); CHEVREUL's "Report on Observations concerning Cow's Milk affected with the disease vulgarly called *La Cocotte*," presented to the Academy of Sciences by Dr. AL. DONNÉ; Dr. E. LANGLEBERT's "Aphorismes sur les Maladies Vénériennes; "Message Polonais aux Parlements d'Europe," (pp. 380); Dr. A. F. DUTROULAU's "Treatise upon the Maladies of Europeans in Hot Climates," (intertropical regions); Dr. A. GUBLER's "Commentaires Thérapeutiques du Codex Medicamentarius," or History of Physiological Action and Therapeutic Effects of Medicine recorded in the French Pharmacopœia, (8vo., pp. 758, 12f.); Dr. A. DOYON's "De l'Herpès recidivant des Parties Génitales."

The third and final volume of Professor RICHARD OWEN's great work on the "Anatomy and Physiology of Vertebrate Animals," is announced by Messrs LONGMAN, of London, as nearly ready.

Prof. WUNDERLICH's treatise on the Clinical Application of the Thermometer, is meeting with much favor.

Dr. TROLTSCH, POLITZER, and SCHWARTZE, some four years ago, founded at Wurzburg, the *Archiv für Ohrenheilkunde*, specially devoted to otiatry. Last year, at Berlin, a new journal devoted to the same specialty, made its appearance. It is entitled, the "*Monatsschrift für Ohrenheilkunde*," and is edited by VOLTOLINI, GRUBER, RUDINGER, and E. WEBER, all distinguished names.

The *College Courant* is a handsome weekly of eight large quarto pages, published at Yale College, ($4.00 a year.) It contains collegiate news from all parts of the Union, and numbers among its contributors some of the most distinguished professors and teachers in our country. It is well edited, and merits extensive patronage.

We have received the 29th Annual Circular of the Baltimore College of Dental Surgery, 1868, the Triennial Catalogue of the same institution, and the Circular and Catalogue of the Albany Medical College. Also, Memoranda from the Clinical Course of Instruction in the Medical Department, University of Louisiana, republished from the *New Orleans Journal of Medicine*, a pamphlet of 90 pages, containing a quantity of useful, practical matter.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 18, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom posses a fund of information that rightfully belongs to the profession.

THE HYGIENE OF SCHOOLS.

Nothing deserves the earnest attention of the hygienist more than the theme we have placed at the head of this article. Nothing is more systematically and generally neglected. We venture to say that there is not one, either public or private school in a hundred, where a thoroughly enlightened regard for the welfare of the young student is manifested. Either the rooms are illy ventitated and warmed, or the dormitories are crowded or cold, or the washrooms damp, or the construction of the desks and seats are faulty, or the hours of study are excessive, or the diet is insufficient or improper, or the character and amount of exercise are not well regulated, or the attention to dress and cleanliness is insufficient, or the buildings are unsuitable, or injurious punishments are in vogue, or in one of the many other ways that suggest themselves, the scholars are made to suffer.

These facts are notorious. Even the non-medical press are calling attention to them. This very day, we have seen in the daily papers not less than three paragraphs on the subject. One editor asks, writing with the thermometer at 95,° "What do school controllers mean, keeping children in school, sixty in a room, such days as these? What does the Society for the Prevention of Cruelty to Animals think about it?"

Another daily refers in strong terms, to the last report of the Board of Education of Massachusetts. This report contains important statistics as to the exhausting effects of over exertion of the brain. In one school of 85 pupils, only 54 had refreshing sleep, 59 had headaches or constant weariness, and only 15 were perfectly well. The cause of this is thus accounted for: The most celebrated medical men, according to facts and opinions, given in the report, show that the hours devoted to brain work should not exceed *six* hours for healthy men, and *three* hours for children. But in the above school it was found that in addition to the six hours of school, 31 studied 3½ hours, 35 four hours, and 12 from four to seven hours. The report states, that in places where the schools are highest in reputation, the above example is the common experience. But it is even worse in England. The recent report of the Commissioners in the Schools Inquiry, reveals a state of things which we did not suppose existed, since Dotheboy's Hall disappeared. There are many schools there, chiefly in remote country places, disgraceful to a civilized country. One master admitted that the staple nutriment of the boys was bread—he said he always carved the meat himself, proportioning the quantity to the size of the boy, and that no boy was allowed to be helped the second time. In the matter of lodging, there was more general ground for complaint. They found the floor of one chamber covered so thickly with beds, that the boys must have dressed and undressed standing on them. Miserable, dirty-looking beds they were. In other instances the overcrowding was quite as reckless. As to discipline, it would be easy enough over such feeble, dejected looking boys as most of them were. There was something almost painful about their aspect—no color in their cheeks, no animation in their answers, no glee in their sports.

We hope the attention of parents will be called to these points by their family physicians, so that an enlightened public opinion will force attention to these essential points.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Notes and Comments.

Hydrophobia.—A Popular Medical Error.

An instructive article, if not a whole volume, might be written on the vulgar errors of physicians. None is more absurd or unfounded than that which supposes hydrophobia to be peculiar to or more frequent in the hot months. The muzzling of dogs at such times is a relic of mediæval superstition. It originates from some popular notion concerning the "dog days," which in turn derive their name from the periodical change in position of the "dog star" Sirius. In point of fact hydrophobia is more frequent in January than in August, and to put muzzles on dogs in the summer season when they are so thirsty, is a piece of useless and wanton barbarity. We are glad to learn that the town of West Chester, in this State, proposes to take the initiative in this matter, and do away with this antiquated habit. Let other and all towns follow this example.

Infant Mortality.

In the Vienna Medical Society, says the 10th June number of the *Allg. Med. Central-Zeitung*, Professor SKODA brought forth some really fearful statistics of the foundling hospital in that city. From 1784 to 1866, 434,687 infants were received in that institution, of whom there died before their tenth year 315,323, about 78 per cent. What is more, so far from decreasing in later years, this mortality has been actively on the increase. From 1853 to 1866, the admissions were 127,183, of whom 101,922 have died, therefore *more than* 80 per cent.

To Prevent Death by Chloroform.

MM. ONIMUS and LAGROS have proposed to the French Academy of Sciences, a method of revivification, which promises to prevent death from an improper or inordinate use of chloroform. They have had recourse to continuous currents, with, it would seem, great success, by using from 14 to 30 of Remak's elements, the animals subjected to experiment being dogs, rabbits, rats, frogs, capybaras and tritons. The modus operandi was as follows: The animal, a rat, for instance, was placed under a glass receiver, together with a sponge strongly impregnated with the anæsthetic. In the course of a minute it would fall fast asleep. By degrees its breathing would gradually abate, and finally stop. Another half minute being allowed, it was then taken out, and the negative pole of the pile put into its mouth, the positive one communicating with the rectum. After the lapse of a few seconds, the heart which had ceased beating, would show signs of returning animation. Respiration would then recommence, and the animal gradually return to life, the electrization being suspended as soon as breathing, though still weak, had become regular. In some cases the subject of experiment was left for two minutes in a state of apparent death, and yet revived, by means of the continuous current.

The Army Medical Staff.

The following changes have taken place in the regular army medical staff, since April 1, 1868.

PROMOTED.—Assistant Surgeon J. H. Frantz, to be Surgeon, to date December 19, 1867, vice Ten Broeck, deceased.

RESIGNED.—Assistant Surgeon E. J. Darken, to date April 2, 1868; Assistant Surgeon A. H. Smith, to date April 24, 1868; Assistant Surgeon W. R. Ramsey, to date June 19, 1868; Assistant Surgeon T. E. Wilson, to date July 1, 1868.

DIED.—Assistant Surgeon W. M. Austin, May 9, 1868, at Camp Concordia, Texas, of pneumonia.

CASHIERED.—Assistant Surgeon C. C. Dumreicher, by sentence of General Court Martial, approved June 17, 1868. General Court Martial, Orders No. 29. Headquarters of the Army, Adjutant-General's Office, Washington, June 17, 1868.

The Typhus Epidemic.

In Naples the typhus fever is still raging. There are now in the hospitals 600 cases, of which, on the average, four die daily. More women than men are attacked. In North Prussia the disease is on the decrease, but only after desolating whole villages. About twenty-five physicians have fallen victims to it at their posts of duty. The treatment adopted as most successful, is by large doses of quinine, and the free use of ice and cold water, with stimulants. In Algiers, where nearly one hundred thousand persons are said to have succumbed to the famine and the fever, it is now diminishing.

—— The Indiana papers caution the public against eating the bass fish, until the locust season is over. The locusts falling into the water are eaten by the fish, and become poisonous, and unwholesome in consequence. A number of families are mentioned as having suffered severely from eating locust-fattened bass.

Correspondence.

DOMESTIC.

Stricture of the Cystic Duct with Obstruction (Answer to Dr. Crothers.)

Editors Med. and Surg. Reporter:

The case of Dr. Crothers in your issue of June 6th, suggests the following: Pad McErmon, Co. K, 20th Infantry, aged 23, unmarried, strictly temperate. Has been exposed to malarious influences for a year past, and in consequence thereof, a frequent inmate of the hospital. The patient was originally quite robust, and of fine physique, but in consequence of long continued malarial poisoning, first came under my charge on the 14th of May last, greatly prostrated in mind and body, while suffering at the same time from "remittent." He received at first a saline, and shortly afterward a strong emeto-cathartic, which acted thoroughly. The usual treatment of diaphoretics, etc., so far relieved him, that he was returned to duty on the 18th. Sunday, the 24th of May, I found him at day-break retching and vomiting at my door. He informed me that he had been sick since the day previous: being admitted to hospital, he received 15 grains of calomel, in three grain doses, repeated every fifteen minutes. Relief was but partial. He continued to vomit fluid of a dark green color, until I saw him again on my round at 9, A. M. His condition was as follows: face flushed, skin hot and dry, pulse 120, full eyes injected; the sclerotica being of a bright-yellow hue, as was the whole surface of the body. Great pain was experienced in the back and limbs, and to a slight degree in the head. At 10, a stool was passed odorless, of a tarry consistency; throughout the day and following night vomiting continued without cessation or relief; nothing could be retained in the stomach. Every remedy which ingenuity could devise was tried without success. Day by day the patient sank, until death closed the scene on the 31st. Strength was supported by nutritive and stimulant enemata, and sub-cutaneous injections of quinine. On the last two days the patient would for 30 minutes at a time retain a little beef-tea, only to again vomit green stringy matter, which stained the floor and clothing alike. A small amount of blood from a chicken was twice transfused with no permanent benefit.

Autopsy four hours after death.

Opened thorax, some f.℥ijss. of fluid were found in the pericardial sac. The right lung was compressed by an enlarged liver to which it had formed firm adhesions through the diaphragm. By reason of this compression the whole surface of the lung behind and before was attached to the ribs by firm fibrinous adhesions, which could only be separated by the scalpel. The left lung showed the compression of the right, though in a less degree, being quite free at its aperture. Evidence of old pneumonia existed, although the majority of lung substance was healthy in both. Heart and large vessels normal, liver of a dark color, and much engorged, weight 70 ounces. Section showed the effects of congestion in a moderate degree. *The gall-bladder was somewhat distended, containing about* 10 *drachms of a dark substance, of a consistency similar to that of silicic acid in solution.* The cystic duct at its union with the common, was *completely obstructed*, being also partially ulcerated, so as to easily separate on tension. The disease seemed to have attacked the common duct as well, but owing to the want of a microscope, could not be distinguished from an ordinary ulceration. The obstruction did not partake of the nature of a concretion, but in my opinion began in a hyperæmic condition of the internal coat of the gall-bladder, at or near the spot where the mucous membrane projects inward, so as to form valvular folds. It is probable that the obstruction was only temporary, and could have easily been overcome if the patient had not previously been debilitated by repeated attacks of remittent fever. Watson observes "that jaundice is a frequent consequent of billious remittents, while the remittent fevers of Bengal are invariably connected with local congestions, which often run rapidly into inflammations, attended with much interstitial effusion." The cephalic thoracic and abdominal viscera are in turn liable to be attacked. In this locality the *lungs and liver* are most frequently affected in *adults*, while *children* are prone to fatal congestions of the *brain and intestines*, which are so insidious, as often to escape the attention of the physician, until past remedy. Several cases of pneumonia now under treatment at hospital are clearly traceable to a malarial origin. Indeed it is highly necessary to daily examine the lungs, of those patients who are suffering from remittents, in order that mischief so prone to occur, may be checked in its incipiency.

The spleen in the present case was dark-green, and engorged. The remaining abdominal organs showed abundent evidence of congestion; otherwise normal. In Doct. Crother's case, it seems

to me that the phenomena were those of ordinary *icterus*, so far as the immediate cause of death was concerned. The former injury undoubtedly caused the constriction, while the formation of concretion can be regarded rather as collateral than a direct sequel. Professor JACKSON, Instructor in Morbid Anatomy at "Harvard," has collected many interesting specimens, which prove conclusively that injuries which *at the time* may be regarded as *slight*, often prove the remote cause of complaints, such as scirrhus tumors, perforations, et cetera. Perhaps many of your readers may recollect instances where they were morally certain that an injury was *the direct cause of an affection*, and yet to argue cause and effect by any direct course of reasoning, would be exceedingly difficult, if not impossible.

CHANDLER B. BRAMAN, M. D.

Brighton, Massachusetts.

Cases from Practice.

EDITORS MED. AND SURG. REPORTER:

I send you the following cases:

Case 1. *Exfoliation and necrosis of femur.* C. R. Sr., æt. 66 years; native of France. When 13 years of age, while sportively running a horse race, was thrown, receiving considerable contused injury about the left knee, attended with usual concomitant effects; shortly after receipt of injury, leg on each side of knee was lanced and thoroughly explored by a French Surgeon, considerable pus escaping, no fragments of bone being detected; remained under treatment of this gentleman for sometime, with no improvement; anchylosis of knee-joint gradually supervening, with establishment of sinuous aperture. Subsequently, within some months, was under treatment of other physicians without benefit. Came to America 23 years ago; settled in Clearfield county, Pa., where he has struggled in his poverty, (raising a family of two or three boys,) with stiff leg, and ugly discharging ulcer. January 30th, 1868, I was called to see this man (when the above history was narrated to me); found him with injured limb much larger than its fellow, foul ulcer, callous edges, considerable induration of adjacent muscular and fleshy parts, sero-purulent discharge, etc., general condition of patient not so bad, spirits dejected. On my entrance, says he, "Dr., for God's sake, do something for me, cut my leg off, or kill me, I do not wish to live this way." Anæsthesia was produced, and on examination necrosed bone was detected; the aperture was enlarged, and a piece of exfoliated bone, some three inches in length, and from one to two inches in width, was removed; with instruments considerable dead bone was removed by pieces, until all had been obtained. The wound was thoroughly cleansed and dressed with weak lotions. Argenti nitras—ung. hyd. nit. applied externally, the limb strapped and bandaged, from the toes upward. Stimulants and narcotics exhibited pro re nata; this treatment was persevered in until March 27th following, when my visits were discontinued. On the 7th inst. I met the old gentleman at a public gathering in this county, the wound having healed; he was able to hobble around very well with a cane, and expressed himself better than he had been for years. The above case is introduced illustrative of the loathsome and long continued amount of suffering produced from causes, the origin of which are apparently so trivial.

Case 2. *An early effort at ovulation.* A. B., æt. 11; fine, healthy looking girl; parents stout and healthy; father, a blacksmith; was called to see her June 28th, 1867; the following history of her case was elicited: For more than twelve months past, at intervals of about a month, she would generally complain and remain unwell for from two to five days, complaining as at present of pelvic and abdominal pain, and acting as the parents represent as a woman with her monthly periods, except that she has no discharge; in development the girl presented none of the appearances peculiar to adult life: for this singular state of affairs a physician had been consulted, who advised non-interference, stating that matters would be rectified when the girl grew older, but the parents had followed his advice now for some months, and instead of getting better her troubles seemed to augment at each attack, which now occurred, if anything, more regular. On my arrival she was complaining considerably of pain in the lower part of the abdomen, had some fever, tongue slightly furred, countenance suffused, pulse accelerated, bowels confined. R. Ol. ricini, f℥j., ol. terebinth, gtt. v. M., every three hours, in a little fennel water, until the bowels be well moved; also, R. Sp. æther nit, f.℥ss., every three hours, and direct that the bowels be constantly covered with flannels wrung out of hot water. For four days in succession this girl suffered at intervals, considerable pain. Cathartic, alterative and anodyne remedies were alternately exhibited. At the end of four days the girl resumed her sports with her companions. During the interval it was directed that the following remedies be tried: R. Nitrat. potassæ, ℥j., tart. ant., gr. j., hyd.

chlor. mit., gr. iv. M. ft. ch. no. xij. Sig. One to be taken three times a day, with an occasional dose of castor oil and turpentine, as may be required to keep the bowels soluble. August 31st following, I was again called to see this girl suffering as formerly, but not so severe this time, her attack only lasted two days, and was much milder than previously; the same remedies were directed to be continued, and since said last attack the girl has been entirely freed from her troubles; was this an effort at ovolution?

Oran A. Rives, M. D.

Frenchville, Pa.

News and Miscellany.

Leeches in Paris.

It appears that Paris is the best market in Europe for leeches, and that an extensive business is transacted in this commodity. Italy principally supplied the article, but the mouth of the Danube is now the best fishing-ground, and from Trieste no less than £120,000 in value of leeches are annually sent up to Paris. But the leech most in fashion just now is a native of Australia; he is said to be endowed with livelier qualities, and does his work in a shorter period than any of his European brethren. The Egyptian leech is, however, a serious competitor, for so great are his powers of absorption that the Viceroy has granted a monopoly of the 3,000,000 bloodsuckers which are annually to be found in the bed of the Nile, after the periodical inundation of that river, to a French dealer. On arriving in this capital, the leeches not required for active duty are sent to Gentilly, where they are lodged in reservoirs comfortably furnished with the greasy mud in which they specially delight, and filled with greenish water. Each reservoir is 50 feet by 30 feet.

—— There will be no lecture term of the Berkshire Medical College at Pittsfield, Mass., this year, and probably the institution will be abandoned or greatly modified in its character. It was incorporated in 1822, and for many years had a flourishing existence.

—— Dr. C. T. Schuman, who was tried in the Criminal Court at Cincinnati recently, and found guilty of malpractice in producing abortions, has been sentenced to pay $500, and sent to the city jail for 30 days.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Black—Kline.—June 4th, 1868, at the residence of the bride's mother, Bolivar, O., by the Rev. A. R. Smith, William R. Black, M. D., of Sandyville, Ohio, and Miss Addie Kline.

Camden—Hollfield.—In Philadelphia, on the 26th of June, by the Rev. John Chambers, John A. Camden, M. D., of Virginia, and Miss Mary Hollifield, only daughter of the late Dr. W. L. Hollifield, of Middle Georgia.

Cox—Heefsey.—At the Episcopal Church in Quincy, Ill., June 17th, 1868, by the Rev. Sidney Corbett, D.D., Dr. Geo. W. Cox, of Clayton, Ill., and Mollie V., daughter of Wm. Heefsey.

Hillis—Horton.—At the residence of Dr. G. F. Horton, Terrytown, Pa., June 30, 1868, by Rev. David Craft, Wm. J. Hillis, M.D., of Barclay, and Miss Debbie E., daughter of Dr. Horton.

Price—Taylor.—On the 2d inst., by the Rev. J. S. Peregrine, assisted by Rev. Mr. Fullerton, at the home of the bride, with Mr. and Mrs. Geo. Fox, on Walnut Hills, Cincinnati, Ohio, Miss Hannah B. Price and John C. Taylor, M. D., of Cambridge Guernsey county, Ohio.

Robinson—Lancaster.—July 7, 1868, at the Seventh Presbyterian Church, by the Rev. James L. Crowell, D.D., C. M. Robinson, M. D., and Miss Mary E. daughter of John Lancaster, all of this city.

Vance—Whitaker.—By Elder S. R. Willson, at his residence, in Connersville, Ind., on the 1st inst., Dr. S. W. Vance and Mrs. Adelaide Whitaker, both of the above city.

Van Tuyl.—Cheeney.—At Prattsburgh, N. Y., June 18th, by Rev. D. D. Gregory, Maj. Benjamin Van Tuyl and Kate, daughter of Walter S. Cheeney, M. D.

West—West—On the 1st of July, 1868, at No. 2008 Sansom street, Philadelphia, by Rev. T. B. Miller, M.D., James D. West, M.D., and Miss Annie M. West, both of Sussex county, Delaware.

DIED.

Butler.—In West Philadelphia, July 13, 1868, of cholera infantum, Louisa Cuyler, infant child of Dr. S. W. and Mrs. Anne H. Butler, aged four months and twenty days.

Grier.—In Elizabeth, N. J., July 11th, Mrs. Margery D. Grier, wife of Dr. P. H. Grier, Mayor of that town.

McCartin.—In New York, July 12, Mary Emma, wife of H. E. McCartin, M.D., and eldest daughter of R. A. Barry, M.D., in the 21st year of her age.

ANSWERS TO CORRESPONDENTS.

Dr. A. D. B., of Pa.—Prof. Gross' Surgery has not passed to a third edition. The latest (second edition cost's $12 00.

Dr J. H. B., of O.—The article you wish is very hard to get, but we will make inquiries, and send you one, if obtainable.

Dr. J. H. S, of Pa.—"I have been informed that the Legislature passed an enactment, allowing physicians who are instructing students, the privilege of one subject each year for dissection. Do you know of the existence of such a law?" There is no such law. You are probably thinking of the Anatomy Act, which allows unclaimed bodies in some public institutions to be used for dissection. But all traffic in them is forbidden, and they are not allowed to be sent out of the State.

METEOROLOGY.

June.	29,	30.	J. 1,	2,	3,	4,	5.
Wind.....	S.	S. W	S. W.	S. W.	S. W.	S W.	S.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear. Sh'r. l't'ng.
Depth Rain..							
Thermometer.							
Minimum.....	60°	58°	61°	65°	69°	68°	72°
At 8, A. M.....	70	69	69	77	81	82	84
At 12, M.....	82	73	82	87	90	90	62
At 3, P. M.....	83	79	84	90	91	92	93
Mean.....	73.75	69.75	74.	79.75	82 75	83.	85.25
Barometer.							
At 12, M.....	30.2	30.3	30.3	30.3	30.3	30.3	30.1

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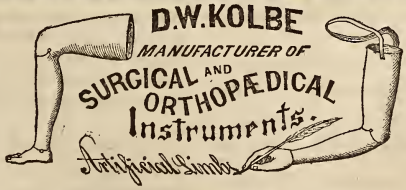

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MEDICAL DEPARTMENT.

One Hundred and Third Session—1868-69.

FACULTY.

GEORGE B. WOOD, M.D., Emeritus Professor of Theory and Practice of Medicine.

SAMUEL JACKSON, M.D., Emeritus Professor of Institutes of Medicine.

HUGH L. HODGE, M.D., Emeritus Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy.

ROBERT E. ROGERS, M.D., Professor of Chemistry.

JOSEPH LEIDY, M.D., Professor of Anatomy.

HENRY H. SMITH, M.D., Professor of Surgery.

FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine.

R. A. F. PENROSE, M.D., Professor of Obstetrics and the Diseases of Women and Children.

ALFRED STILLE, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine.

D. HAYES AGNEW, M.D., Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery.

The Lectures of the Session (1868 69) *will commence on the second Monday* (12*th*) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The Room for Operative Surgery and the Application of Bandages, etc. etc, is open early in September, and throughout the Session, under the supervision of the Professor of Surgery.

Surgical Demonstrator, JAMES COLLINS, M.D.

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Matriculation Fee (paid once only)..... $5
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W. H. SALVADOR, *Janitor*.
University Building.

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AUTUMN COURSE OF PRELIMINARY LECTURES FOR 1868.

This Course will commence on Monday, September 7, and terminate on October 10.

The Lectures will be delivered as follows:

MICROSCOPY. JAMES TYSON, M.D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M.D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M.D., Physician to the Pennsylvania Hospital.

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GETTYSBURG KATALYSINE WATER:

ITS REMARKABLE HISTORY,

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The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C. formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D. D.

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A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs. TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weakness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

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MEDICAL AND SURGICAL REPORTER.

No. 595.] PHILADELPHIA, JULY 25, 1868. [Vol. XIX.—No. 4.

Original Department.

Communications.

CASES OF INTRA-OCULAR HEMORRHAGE FROM INJURY TO THE EYE.

By Laurence Turnbull, M. D.,
Of Philadelphia.

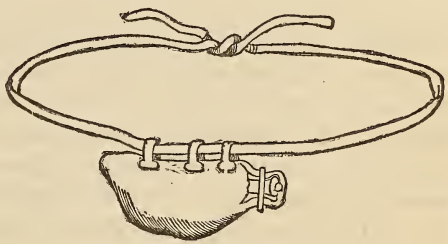
Blood may be effused into the anterior chamber of the eye, (hypoæma,) into the vitreous chamber, (hæmophthalmia,) or, in extreme cases, into both.

Effusion of blood into the anterior chamber of the eye may occur from severe straining effort, as from coughing, blow with a twig of a tree, or whip, etc. This, if neglected or attended with slight abrasion of the cornea, may produce loss of vision, but simple filling up of the anterior chamber with blood, is not usually considered a severe injury. If the blood cannot be seen, and is effused into the vitreous humor or surface of the retina, it is an accident which is often destructive of vision. We have often had the anterior chamber filled up with blood after the operation for cataract, and the patient will have a red glare before the sight, and no vision, but it only requires from twenty four hours to three days, before it is all absorbed. This is accounted for, according to Mr. Bowman, by the blood mixing with, and its red particles swelling and giving their coloring matter up to the aqueous humor.

When blood is effused upon the retina, sudden loss of sight results; if but a portion is covered, that part not covered may perform its function. There is a strong red glare before the eye, with deep-seated pain, and the iris rigid.

After a time, the clot in the vitreous humor may assume a greenish tint, or brownish flakes floating may be seen by the ophthalmoscope.

The following cases show the good effects of active depletion and the use of dry cold in the form of ice to the eye, after such severe injuries. My attention was specially called to the use of this form of cold by reading the brief essay of "Esmarch,"* who observes, "I also make use of continuous abstraction of heat in many cases of diseases of the eye. In all cases of injury of the eye, whether superficial or deep, dry cold is a remedy which is surpassed by no other. I am in the habit of applying an ice-bag to the eye, of the form represented in the figure.



Form of Ice-Bag.

"In most cases the pain disappears under this treatment, so that bleeding, which remedy I usually employed early, becomes unnecessary.

"The reason why 'eye doctors' are so much afraid to use cold, is that most of them are acquainted with its effects only as shown in the application of cold compresses. Frequently the eye does not bear moisture well, and the constant changing of the compresses irritates this delicate organ so much that the beneficial effects of cold have no chance of showing themselves. If the ophthalmic surgeon would only make use of proper ice-bags,

* On the Use of Cold in Surgery, by Fr. Esmarch, M.D., Professor of Surgery in the University of Kiel. Translated for the New Sydenham Society. London, 1861.

such as, when filled with small pieces of ice, adapt themselves easily and without pressure to the closed eye, they would soon become convinced of the excellent effects of cold in most ophthalmic inflammations. In applying these ice bags, it is best to cover the eye with a piece of lint, and to keep the bag in position by passing a piece of tape through the rubber rings which are attached to the bag, and then tying it around the head."

He also states, that as early as 1846, when a student at Gottingen, he had the opportunity of seeing cold used in most cases of inflammation of the eye which happened to come under the care of Prof. Ruete, his esteemed master. He made use of cold with great perseverance, and often with such remarkably favorable results, that he was even then convinced that the efficacy of this powerful remedy mainly depended on its being applied in a proper way. The following are two illustrative cases from his work, and two which occurred in my own practice.

Case I. Contusion of the Globe of the Eye; Hyperæmia; Application of Ice for a Fortnight.

T. H——, a man, æt. 26, came to the hospital with a contusion of his left eye, in consequence of a blow with a whip, which he had received on the previous day. The cornea appeared very dull. A third of the anterior chamber was filled with blood. In the texture of the iris there was a speck of extravasated blood, of the size of a hemp seed. The patient had great intolerance of light, and could only indistinctly recognize even large objects. He complained of scintillation and pain in the eye and forehead. I made him keep his bed, placed an ice-bag on the eye, had him bled twelve ounces, and ordered him saline draughts. After the ice had been used continually, day and night, for a fortnight, the man was nearly well, and at the end of the third week, left the hospital completely cured. The extravasated blood had been entirely absorbed, the hyperæmia had disappeared, and the power of sight was completely recovered. But even in those cases in which the injury has affected the internal tunics of the eye, in which it has been so extensive that the whole organ must become destroyed by it, by using ice the process of atrophy takes place with very little pain, and with scarcely any disturbance of the general health of the patient, which is, I believe, never the case when the affection has been treated by cataplasms The following case may serve for an instance.

Case II. Destruction of the Eye by Small Shot; Application of Ice for Four Weeks.

F. S——, a strong man, æt. 28, received on the 25th October, 1858, a charge of small shot on the left side of the face, from a distance of three yards. The shot struck the left cheek in the line extending from the tip of the nose to the mastoid process. The patient lost his sight immediately after he had received the shot. The cheek began to swell rapidly, and the numerous wounds bled freely. When he came to the hospital, two hours after the accident, the whole left side of the face was enormously swollen, especially the eyelid, the cheek, and the left side of the nose, the tip of which seemed pushed toward the right side. Many small openings, with blackened margins, were visible on the swollen surface. They were most densely shown just below the left eye, in an area of about an inch in diameter. Some of the wounds were examined with a probe, for the purpose of finding out what direction the shot had taken. We came to the conclusion that some of the shot which had entered in the neighborhood of the nose, had gone into the upper jaw, whilst those which had entered the cheek, had travelled for a distance through the soft parts, and passed out again in the neighborhood of the parotis. Some of the shot had struck the ear. None had entered above the eye, but the eye was lacerated, and the globe had collapsed. In the cornea there was found an opening of the size of a hemp-seed. The conjunctiva and the eyelids were enormously swollen. The patient complained of violent pain in his eye; his pulse was 64. Blood still oozed from many of the openings. A quarter of a grain of morphia was ordered, an ice-bag was placed on the eye, and another on the cheek. Without giving any details of the case, suffice it to state, that during the whole time the ice-bag remained on the eye, and if any attempt was made to remove it, the pa-

tient felt at once increased heat and pain, but the eye was quite painless, as long as the ice was upon it, which was until the 29th of November. After the irritation of the conjunctiva had been completely subdued, the patient left the hospital.

Although some shot had certainly lodged in the eye or gone through it, no suppurative ophthalmia had been developed, and the eye had caused but little pain to the patient. The anterior chamber was clear, but its size was diminished, in consequence of the iris having been drawn toward the cornea. Through the pupil, the lens was seen, of a snow-white color. Whoever has witnessed the long-continued and terrible suffering which attends suppuration of an injured eye, when the case is treated by cataplasms, will, I am sure, appreciate how favorable a course this case took under the treatment by ice.

Case III. Severe injury of the Eye from a blow with a Stone; Recovery in three weeks.

James K——, æt. 12 years, school boy, while standing with a crowd of boys, July 2d, 1868, who were throwing stones at each other, was struck with a stone in the left eye, lacerating the sclerotic coat causing instant blindness. When brought to my office, the pupil was widely dilated, and conjunctiva very much injected, but no blood could be seen in the anterior chamber. The pain and feeling of distension made it evident that blood was effused into the posterior cavity.

Treatment. One quarter of a grain of sulphate of morphia, free leeching all around the eye, and ice in a bag was directed to be kept applied constantly day and night.

3d. Pain not so intense, the ice gives him great relief; continued treatment.

10th. Able to be examined with the ophthalmoscope. The retina was found covered with extravasated blood, varying in color from a bright-red to a deep chocolate, while a small quantity of minute flakes were seen floating in the viterous. Added to treatment large dose of acetate and iodide of potassium, to assist in absorption.

13th. Power of vision returning slowly, with a red glare before the eye. By the 24th was so well that he was desirous of returning to school, but on attempting to read had a return of pain and distress in his eye. Made use of the ice-bag and former treatment. In the course of two weeks more he was able to bear a moderate amount of reading, and he ultimately recovered the sight of his eye.

Case IV. Severe Injury of the Eye from an Arrow Recovery, with a good looking Eye and moderate amount of Vision, under the Ice Treatment.

Mrs. John F——, æt. 40 years; while fixing the bow for her little boy, and having it turned toward her, accidently shot the arrow with all her force into her eye, striking on the side of the cornea, tearing the tissue of the eye, and causing complete blindness for seven days. I pursued the same treatment as in the other case, and was able on the 5th of October to examine it with the ophthalmoscope. The surface of the retina was studded with blood spots; left side more dense than the right, and she could count her fingers on that side.

Oct. 10th. Dilatation of the pupil, which was of an ovoid form. After the absorption of the blood a moderate amount of vision was obtained, but the pupil did not return to its normal size until the Calabar bean had been employed for sometime. On the 25th day of November she was so well as not to require further attention.

Before concluding this paper, I would state that I have used with much advantage, both in hospital and private practice, cold applications in ophthalmia neonatorum, also in catarrhal and blennorrhœa ophthalmia, in conjunction with alum, and find them rapidly improve, but I much prefer now the use of ice, which causes the inflammation to run a shorter course, and the intolerance of light to be relieved much more rapidly.

The following case from LAWSON, will show the injurious effects of a similar case when neglected:

"J. W.——, æt. 30 years, was admitted into the hospital, under Mr. STREATFIELD, on February 22d, 1858. Sixteen years ago, his left eye was wounded by an arrow, and its power of vision reduced to a mere preception of objects.

During the last ten years he had re-

ceived repeated blows on this eye. Two years ago he had a severe blow on the left temple, after which the globe began to enlarge.

Ten days since he received another blow, which ruptured the staphylomatous portion of the globe.

State on admission. The right eye was normal; the left eye—no perception of light tension = T 1.; cornea transparent, anterior chamber almost full of blood. A bluish-red substance beneath the conjunctiva, near the lower corneal edge, made the globe appear irregular and large. Mr. Streatfield excised the eye, and on opening the conjunctiva coagulated blood escaped.

Examination of the Eye after excision. The blood which was seen when the conjunctiva was divided in the operation for the removal of the eye, was due to a rupture in the staphylomatous portion of the sclerotic, and had accumulated beneath the membrane. The globe was then divided vertically. The sclerotic was found to be thinned throughout its entire extent. The rupture was in the staphylomatous portion; in the ciliary region, at the lower and outer portion of the eye. The whole cavity of the globe was filled with dark red coagulated blood. The choroid and retina were detached, and pushed forward to the posterior surface of the iris. The coagulated blood was easily detached from the outer surface of the choroid, from which the bleeding appears to have originated. No lens or vitreous could be found. The kind of injury to which the eye is subjected, will, however, often determine the chief seat of the hemorrhage, irrespective of the soundness or unsoundness of the eye at the time of the accident."

CASE OF ANEURISMAL VARIX TREATED SUCCESSFULLY BY OBLITERATION OF THE VEIN.

By John W. Monmonier, M. D.

Demonstrator of Anatomy, Washington University, Baltimore, Maryland.

During the battle of the 3d of July, 1863, at Gettysburg, Pa., Prof. Aristide Mauvin, Co. K., 8th La. Infantry, C. S. A., whilst his command was charging Cemetery Heights, was wounded in the right upper extremity; the ball (minie), striking obliquely the internal condyle of the humerus, split into several sharp and ragged fragments, one of which buried itself deeply in the superior portion or origin of the flexor carpi ulnaris, flexor sublimis and flexor profundus digitorum muscles. Upon a careful examination, after the extraction of the fragments, I found the internal condyle indented, without fracture, and some little hemorrhage, which I, at the time, supposed was caused by a wound either of the *posterior ulnar recurrent* or anastomotica magna arteries. Upon the application to the wound of a pledget of lint, saturated with a solution of per-sulphate of iron, the hemorrhage soon ceased. This soldier remained with his command, and was not sent to the general hospital. About two weeks after the reception of the injury, the wound had entirely healed, and one morning he reported to me that there was a considerable tumor near the point at which he had been wounded, and which at times pulsated. After carefully examining the tumor, which was about the size of a pigeons' egg, I was satisfied that there existed an aneurismal varix, which was caused by the brachial artery and median basilic vein having been either contused or slightly punctured by a fragment of the ball.

Well knowing the advantages derived, in case of varicose veins and ulcers, from the use of acupressure and consequently obliteration of the distended veins, I determined to resort to this procedure in order to arrest the circulation in the vein. Accordingly the median basilic vein was well isolated from the brachial artery, and two steel pointed needles, about an inch and a half in length, and about the diameter of an ordinary darning needle, were carefully passed beneath the vein, one above and the other below the tumor, and twisted sutures of surgeon's silk were applied in the form of figure of eight around the heads and points, so as to compress the vessel between the sutures and needles, and the point of each needle was armed with a small clamped buck-shot in order to prevent wounding of the integument. From day to day, I noticed considerable diminution in the pulsation of the tumor, and

about two weeks after the operation it had entirely ceased, and nothing remained of the tumor but an indurated cord. During the period in which the needles remained *in situ*, the man suffered no ill effects, except at times he complained of neuralgic pains, due, as I suppose, to some of the filaments of the internal cutaneous nerve having been included between the sutures and needles. He was returned to duty perfectly relieved, and continued, as he had been previously, a good soldier, and was subsequently killed in December, 1864, in front of Petersburg, Va.

THE PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF ALBUMEN.

A paper read before the Obstetric Section of the New York Academy of Medicine, May 18, 1868, *in a discussion of the relations of Albuminuria to Puerperal Convulsions.*

BY JOHN H. GRISCOM, M.D.

The surplusage of Albumen in the urinary secretion, and its relationship with certain pathological symptoms, especially of dropsy and puerperal convulsions, constitutes one of the most interesting discoveries of modern medical science, and has proved to be an important basis of medicinal treatment. But its presence in the urine only, cannot be justly regarded as the direct or immediate cause of these disorders, its elimination by the kidneys being merely indicative of its existence in the general circulation, and of its partial removal therefrom. Its presence in the blood is very probably productive of deranged nutrition of various tissues, and impairment of the capillary circulation, whereby deposits of serum are made in various parts denominated dropsy, also disturbance of the central nervous tissues, most probably the cause of the convulsions referred to.

It is well known that the serum of the blood is normally composed in part of this same element, in a proportion moderate enough to enable it to perform its nutritive functions, but when increased to an amount so great as to interfere therewith, its functions must not only be deficiently exercised, but it may also render some parts of the capillary organization congestive, to a moderate, or even an extensive degree. Especially if existing in a very extravagant proportion, as an element of the circulating fluid, its *coagulation* may possibly be produced by the presence of some acidulous ingredient, or by increased temperature, whereby a suspension of the circulation must ensue, and may result in ulceration, sphacelus, or gangrene.

An illustration of the possibility of this effect internally, is observable in the action of nitrate of silver applied externally, the suspension of the circulation and destruction of the cutaneous tissue being produced by the coagulation of their albuminous element.

Although the term *albuminuria* is correctly expressive of the real circumstance under discussion, another term will more appropriately represent the general superabundant prevalence of this element, for which purpose the term *albuminæmia* is hereby suggested, being the analogue of anæmia, hyperæmia and pyæmia.

The next question of importance is *the source* of this *hyper albuminæmia*. The normal proportion of this ingredient of the animal tissues is doubtless derived from various materials used for food, as it constitutes a part of almost all vegetable and animal aliments, and there are some of which it proves almost the entire structure, for example eggs and milk. When held in solution by water it is readily digested and assimilated, and is a highly nutritive article, but a superabundance of it in the circulation probably diminishes its nutrient powers, and the diminished proportion of water renders it more liable to coagulation by the means before mentioned, and also by alcohol.

The source of its peculiar extra existence during pregnancy, and the consequent production of convulsions during that period, constitute another highly interesting point worthy of attention. The preparation of the mammary secretions during pregnancy, for the subsequent nourishment of the child, is a very peculiar physiological operation, and clearly indicates the necessary existence in the mother's organization of increased material for the purpose, the principle element of

course being the main constituent of the lacteal fluid, viz. albumen. Hence it may be inferred that during pregnancy, even months before the mammary secretion is required, a surplus of this element may exist in the blood, whence is derived its elimination by the kidneys, and other physiological variations productive of the pathological symptoms under our special consideration. In all cases of utero-gestation it is evident that the organization needs to be more fully supplied with albumen, both for the fœtal development and for subsequent lactation, and in some cases it is probably produced too rapidly and abundantly before required for the latter purpose, the appropriate prophylaxis for which would naturally seem to be the avoidance of those dietaries from which it is most likely to be generated.

The appropriate treatment of puerperal convulsions, and also of dropsy, derived from this peculiar source, viz. *albuminæmia*, is evidently the removal of the cause, by increase of the secretory functions, with diuretics, diaphoretics, and hydragogue cathartics, and the avoidance of albuminous elements of diet. Its removal from the circulating fluid will necessarily restore that fluid to its normal status and promote its general nutrient capacity, whereby its former irritant properties will disappear.

In several cases of convulsions, threatening an early fatal result, and for the avoidance of which some more prompt and effective treatment is needed, it is rational to believe that the removal of a portion of the overburdened albuminious blood by venesection, would relieve the oppression produced by it, and afford an opportunity for the substitution of a more normal and nutritious portion, whereby the nervous and other functions may be restored to a healthy condition.

After the reading of this paper, the discussion continued, and a member of the section, Dr. James Kennedy, a gentleman of very extensive professional experience, confirmed the views therein presented, by stating that he had successfully treated several cases of puerperal convulsions with the lancet.

A NOVEL MODE OF TREATING STRABISMUS.

By. P. H. Vander Weyde, M. D.

A long time since, I intended to bring before the profession an original plan of treating strabismus in its early stages, which I have followed, in a large number of cases, with the most satisfactory result.

I found that the opaque spectacles, with central holes, recommended and extensively used some years ago, and intended to compel the axis of each eye to coincide with these holes, did more harm than good, as constantly only one eye of the patient was looking through its corresponding hole, the other eye could not be induced to do it; whatever pains were taken in shifting the distance of the holes, it would always be turned inward, and occasionally outward, as is well known. This last fact placed me on another track, as it induced me to compare the strength of the two eyes, in relation to their optical power, as well as to their capability of directive agency. I found soon, that always without exception, one eye was much weaker, deficient, and not used by the patient, who saw only by the eye of which the axis was directed toward the object looked at (this eye being the strongest), the deficient eye was turned from the normal direction. In closing the normal eye with the hand, the patient had always great trouble in directing the squinting eye, and directing it properly, so as to see distinctly. In order now to exercise this eye, I had the normal eye simply covered up for a short period of time, say fifteen minutes, till the other eye had commenced to be normally directed, and by practice did see distinctly; then the normal eye was uncovered, and usually both eyes were now seen in the right position, with parallel axes, which position, however, only was temporary, after the first lesson to the weak eye. Therefore, the patient has to be watched, and as soon as strabismus was seen to return, the normal eye has to be covered up again, for a few minutes or seconds only, if this proves sufficicient to give the right position to the other eye. Care must be taken not to cover the normal eye for too long a period,

as then *this* may begin to squint. The treatment must be persisted in for some days, and then usually effects a cure lasting a few weeks, when the tendency often appears to return, and the treatment of covering up the normal eye must be repeated. After a few months the cure is permanent. Of course, great caution is necessary, not to be mistaken which is the weakest eye, and when the little patient is intelligent, and of a disposition willing to assist in the treatment, a warning (as soon as squinting is observed to return) will be sufficient to make him or her cover up the normal eye with the hand, and attempt to bring the squinting eye in an axial direction. Among many other cases, the writer of this has treated with perfect success, in the last-mentioned manner, his daughter, who at the age of six or eight years, was subject to strabismus in quite a strong degree, and which, rapidly getting worse, would surely have ended in an operation on the muscles, which is objectionable for two reasons: turning of the eye into an opposite direction, and making the eye operated upon more prominent and apparently larger than the other. All this is avoided by an early treatment as above described.

It is clear that my treatment is based on the theory that the cause of strabismus is an inequality in the strength of the two eyes, the weaker one taking little or no part in the act of sight, and that the treatment tends to strengthen the weaker eye by judicious exercise. I believe that strabismus may be brought on by using one eye too little, in comparison with the other, but in most cases results from a natural inequality, and am confident that this theory will be found correct in a majority of cases in young children. As regards adults, I confess to have no experience with this treatment, which never failed in my hands in the cases of children.

—— The medical school of the University of Berlin numbered last winter 425 students, of whom 64 were foreigners; this summer it has 401, of whom 66 are foreigners. It has 14 ordinary professors, 12 extraordinary, and 24 private instructors.

OPERATION FOR HERNIA OF THE BLADDER.

By J. Scott, M. D.,
Of Parkersburg, W. Virginia.

On the 16th of June, 1868, I was requested to see a bright mulatto woman, named Matilda Lacy, who had been for several years chambermaid on board the steamboat George Thompson, commanded by Captain Parrish. She lay at the house of the captain in Newport.

The hernial tumor was irreducible by taxis, aided by chloroform, etc.

It differed from crural and inguinal hernia, though somewhat resembling both. It was on the right side. The patient stated that she had had attacks somewhat similar, on former occasions, which had been successfully reduced by taxis, but this attack resisted every attempt at such effort. The symptoms were violent, and she was evidently so rapidly sinking, that a few hours delay threatened a fatal result. On representing the facts to her and the family with whom she resided, she and they at once consented to an operation, and afforded every facility which the case required.

Assisted by Drs. McLane and Williamson, without any delay, the patient was put under the full anæsthetic effect of chloroform. I made an incision from the top to the base of the tumor, through the skin and cellular tissue; the intervening structures were then carefully divided on a grooved director down to the sac, when instead of omentum or colon or ilium, the displaced fundus vesicæ came in view. It was much distended with urine and gas. To remove all doubt as to the viscus brought into view, a catheter was introduced by the meatus urinarius, which at once showed itself to be within the bladder, but below the stricture, though coming in contact with the finger above the os pubis. So great was the stricture, that the instrument could not be passed to the fundus. If this could have been effected, the urine and gas which had accumulated in the fundus would have been evacuated, the organ would have collapsed, and reduction would have been easily effected; but so great was the resistance, that the surfaces of the bladder must have been

completely united together by adhesion, the result of inflammation superinduced by the stricture. I look on this symptom as a very singular one, and complicating the case in a way that I never saw or read of before.

Pressure on the fundus, aided by the catheter below the stricture, totally failed in forcing the contents of the fundus through the strictured part. As this could not be effected, it became necessary, in order to effect the reduction of the tumor, to divide the transversalis fascia, and even a few fibres of the transversalis muscle. After the last division had been performed, the reduction was effected. We hoped that on the return of the fundus to its proper place, that the pressure of the gas, and the general accumulation of the urine would open a communication between the fundus and the neck of the bladder. In this our hopes were realized; in a few hours the gradual accumulation in the fundus dilated the stricture, and the urine passed off freely by the natural channel, and has since been voided regularly without pain or inconvenience.

The lips of the wound were brought together and secured by four sutures. The whole secured by adhesive straps and bandages. Union by the first intention took place nearly throughout its whole extent, and the patient is now fully recovered.

Editorial Department.

Periscope.

Adulteration and Administration of Cod-Liver Oil.

It is well for physicians occasionally to test the drugs they use, and hence the following extract from a lecture of the distinguised chemist, Dr. W. A. Wetherbee, found in the *Jour. of Applied Chem.*, will have considerable interest.

"The great demand for refined cod-liver oil for medicinal purposes, and its comparatively high price, have led to its extensive adulteration, and to the substitution of less valuable oils, on the part of unprincipled dealers and manufacturers. Among these may be mentioned common lamp oil, and that obtained from the livers of the shark. The latter may be detected by having a specific gravity of only 0.866, while the true article, as we have stated, has that of not less than 0.92. The shark liver oil behaves much as the genuine article with certain chemicals, and therefore the specific gravity test is generally considered the most reliable.

A drop of sulphuric acid, added to fresh cod-liver oil, contained in an appropriate glass or porcelain vessel, produces a centrifugal movement in the oil, and gives first a beautiful violet color, which soon becomes yellowish or brownish red, or, as is the case with oil extracted from livers by boiling in water, a clear red. This difference in color has not yet been satisfactorily accounted for, but is probably due to some dichrotism in one of its ingredients.

With nitric acid, the pure oil produces a pinkish or rose-red color, which afterward changes to brown, an effect not produced on any other animal or vegetable fixed oils. When heated in contact with chloride of ammonium, potash and lime, it gives off the marked characteristic odor of propylamine, or herring pickle smell, which other oils do not. The odor of lamp oil is a sufficient test of its impurity, while an absence of the peculiar smell resembling shoe leather, is also an evidence of adulteration or substitution. When the oil has been properly filtered, ready for use, it should be stored in glass bottles, well filled, so as to exclude the air, and securely stopped, otherwise it is very apt to become rancid and offensive, both to the taste and smell, and no doubt it is equally deteriorated in medicinal qualities. We have also found that exposure to a strong light for a considerable time, will produce a deposit at the bottom, even when it has been very carefully prepared and filtered clear previous to boiling. We would therefore recommend that bottles containing it should be covered by perfectly opaque wrappers of thick paper, so as thoroughly to exclude the light. Bottles of less than the usual size would undoubtedly be better for the consumer.

If we regard cod-liver oil in the light of an organic compound, it would then seem especially important to observe all these precautions against any circumstance or condition which might tend to disorganize it, even though the oil should retain all its elements in an uncombined, free state. In cases of disease, the use of the oil has sometimes been found to produce congestion of the lungs, but it is generally considered as a very nutritive and efficacious remedy, entering more readily into the system, and possessing greater powers of constructive assimilation, than any other known agent of animal origin.

The greatest objection to its use as a medicine, is on account of its liability to produce nausea in the patient. For the use of such persons we subjoin a few formulæ, by observing which the oil assumes a less offensive character, and may be taken with impunity. In most cases, any of the more agreeable bitter tinctures or aromatics will be found sufficient as a vehicle or agreeable disguise in its administration. Tincture of orange-peel or of gentian, cardamom, ginger, etc., or an infusion of quassia, cinchona, wild cherry bark, etc., are among the most common. It is sometimes made into an emulsion with sugar and gum acacia, or eggs. BREFELD recommends the following method for preparing the emulsion: Take four ounces of the white cod-liver oil, add an equal quantity of Malaga or Hungarian wine, and make them into an emulsion with one ounce of pulverized gum acacia, to which is added one ounce of the syrup of orange-peel and two drachms of oleosaccharum of peppermint, the latter of which is made by triturating two drops of oil of peppermint with a quarter of an ounce of white sugar. The oil is also sometimes united with liquor potassæ, to form a soap, which may be flavored to suit the taste. After taking a dose of this mixture, it is recommended to take two or three drachms of lemon-juice, which forms a citrate with the potash, thus liberating the oil in the stomach. Several forms of syrup of cod-liver oil have also been prescribed, and many adopt the method of putting an ounce or two of porter in the bottom of a glass, and pouring the oil upon this, over the top of which is put the froth of the porter. The essential oil of bitter almonds, in the proportion of one part to two hundred of cod-liver oil, effectually disguises the latter. Another method is to shake a measure of cod-liver oil in a bottle or flask, with about twice its volume of cherry laurel water, after which it is allowed to stand till the two liquids separate. The oil is then decanted, and if it remains still a little turbid, it should be filtered before being administered. With isinglass, it has been incorporated into a jelly, and a few years since, an enterprising individual attempted to create a sensation by the manufacture and sale of a "cod-liver oil candy." Dr. URE, some years ago, suggested the somewhat novel method of administering the remedy without extracting it from the livers. These were cooked in salt water, and mingled with mashed potatoes. These cod-liver "croquettes," or "*croquettes au huile de morue*," were pronounced quite palatable, and not only became a nourishing article of food, but at the same time a serviceable medicine, none of its therapeutic effects being lost by this process. The oil is also used in liniments and ointments, and has been administered in gelatine capsules. The olein of cod-liver oil has sometimes been used with success, when the stomach could not endure the oil itself. In some cases in which an alkaloid, like quinia, morphia, or strychnia, is desirable in connection with this remedy, it is added in suitable proportions, and the whole heated together at a moderate temperature, until the salts are thoroughly dissolved, and the oil has resumed its original transparent appearance.

A Case of Malposition of the Female Urethra.

Dr. CORNELIUS B. FOX, M. R. C. P., Scarboborough, says, (*British Medical Journal*, May 30, 1868): A widow lady, aged 84, summoned me in great haste a short time since, at 9.30. A. M., on account of retention of urine. I had, about two months before, attended her during an acute attack of bronchitis, and had relieved the most annoying symptoms of chronic cystitis, a disease from which she had suffered for four years. On my arrival, I ascertained that no urine had been passed for twelve hours, and but very little during the preceding day. The bladder was much distended, the tumor being painful on pressure. Having a rather large gum elastic female catheter in my pocket, I immediately attempted to pass it, but could not introduce the instrument further than one-third of an inch into a canal, whose aperture existed in the ordinary situation of the meatus urinarius. As the passage of a female catheter is undoubtedly a surgical proceeding (although physicians often undertake it, for one or two very obvious reasons,) and as a smaller instrument seemed necessary, I asked a surgeon to remove the urine as soon as possible. He found it impossible to pass either the smallest gum-elastic or smallest silver catheter more than a third of an inch into the canal above referred to. We accordingly ordered her forty minims of tincture of opium and a hot bath. At 5, P. M., she appeared somewhat worse. A very small quantity of urine had trickled away, but the bladder was more distended. Another attempt was made to pass a catheter, which was unsuccessful. It was surprising that, notwithstanding the great distension, there was so little constitutional disturbance. We ordered a turpentine enema, and a draught containing one drachm of tincture of opium, to be administered immediately. Whilst we were consulting together regarding the treatment, my companion made some remark as to the bare possibility of the existence of some malposition

of the urethra. At 9.30, P. M., we found her in a very nervous and excited state, partly due, doubtless, to the opium, which had not produced any narcotic effect. She had passed, during the action of the enema, as much as f.℥iss. or f.℥ij. of urine. Thinking it impossible that this quantity could have passed through the impermeable canal into which the catheters had been directed, I suggested that we should *see* our patient pass a few drops of urine. This feat was accomplished with some difficulty, but it resulted in the dispersion of all the obscurity that had hitherto surrounded the case. The urine was seen to issue from an orifice situated on the upper part of the anterior wall of the vagina, about three or three and a half inches behind and above the normal position of the urinary meatus, in close proximity to the anterior lip of the os uteri. A silver catheter was rapidly passed, and its introduction was followed by the exit of about three pints of dark ammoniacal urine. Our patient, of course, experienced immediate relief. The catheter was again, and for the last time, introduced on the following morning, after which she rapidly regained perfect control over the bladder. Appropriate remedies were then administered to remove the ammoniacal condition of the urine. The orifice of the vagina was observed to be small, but no other abnormality than that specified was discovered. She had never been pregnant, although married a great many years.

The foregoing case is of interest, not only to those who make obstetrics a specialty, but to all medical men. It may not also be unacceptable to pathologists and other scientific men, who are engaged in the study of abnormalities.

Iodine and Carbolic Acid.

A communication to the *American Journal of Pharmacy* contains a description of a new solution containing iodine, carbolic acid, and glycerin, which is claimed to possess superior therapeutic virtues. The solution is thus prepared: Take of the compound tincture of iodine, forty-five minims; crystallized carbolic acid, fused, six minims; glycerin, eight drachms; distilled water, five ounces.

The iodine color gradually disappears, and the solution eventually becomes colorless. The time necessary to complete this change depends on the temperature—at 60° Fah., eight to ten days are required; if the cork of the bottle is secured, and the mixture exposed in a water bath to a temperature of 90° to 100° Fah., the change will be effected in eight or ten hours. The change takes place as quickly in diffused light as in direct sunshine, provided the temperatures are equal. The solution exposed to sunshine, becomes somewhat turbid, and deposits a muddy precipitate.

The change is due entirely to the carbolic acid, glycerin alone, under similar conditions, effecting no change in the iodine solution, while carbolic acid acts equally well with or without the presence of glycerin.

The character of the change is probably the transformation of the iodine into iodide of formyle (iodoform) at the expense of the carbon atoms of the carbolic acid.

The solution possesses antiseptic and stimulant properties in a marked degree, and has met with favor as an application in the form of injections, gargles, and lotions "in cases of sore throat, ozœna, abcesses in the ear, and foul or indolent ulcers."

It has also been recommended as an injection in cases of internal hemorrhoids, and by inhalation for throat and bronchial affections. When used for inhalation the glycerin can be omitted.

Treatment for Ascarides.

Three correspondents write to the *Lancet* as follows, in reply to an inquiry as to the best treatment for ascarides. (Quoted by the *Medical Gazette*, New York.)

1. First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water; then (supposing the patient to be a child of five or six years of age) throw into the bowel two drachms of tincture of iron dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days if necessary. The state of the general health must be improved, and the vitiated mucous secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel at bedtime, followed by a dose of salts in the morning. Afterwards tonics, as the syrup of the phosphate of quinia, strychnia, and iron will most likely be required.

2. Tincture of perchloride of iron (B. P., 1867,) five drachms; infusion of quassia, fifteen and a half ounces; mix: two tablespoonfuls to be taken three times a day. Two drachms of tincture of perchloride of iron, to be used as an injection in half a pint of thin starch every third night.

3. The most prompt and effectual is the best olive oil, one tablespoonful at bedtime, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient.

Action of Phosphorus on Living Tissue.

A correspondent of the *Leavenworth Medical Herald*, writing from Paris, says:

"M. RANVIER has lately made, in connection with the study of the manner in which fatty degeneration takes place, some experimental researches upon the action of phosphorus on the living tissue. It is well known that phosphorus, when introduced in the economy, produces fatty degeneration of the liver, the kidneys, the muscles, etc., a change which is accounted for in various ways. According to some pathologists, they depend upon an inflammatory state of the tissues, caused by the irritating action of phosphorus; others pretend that this toxic substance prevents the absorption by the chyliferous vessels of the fatty matters, which being absorbed by the small branches of the venæ portæ, are conveyed to the liver and infiltrate that organ, (a theory which, however, does not account for the steatosis of other organs besides the liver); according to others, again, toxic steatosis is due to the destruction of red globules in the blood, but that is inexact; other, forgetting that various poisons exert the same action, pretend that phosphorus has the *special* property of determining fatty transformations. M. RANVIER sets aside all those theories, and shows by experiments that phosphorus produces no irritating action upon the tissues, and that on the contrary, it differs in that characteristic from all the other substances that may be employed, and which irritate the organs by acting as foreign bodies. His theory, as supported by the experiments he has made, is as follows: Phosphorus produces fatty changes, owing to its weakening the nutrition of histologic elements, and being a contra-stimulant of those elements. The presence of fatty matter in a cellule, which in a normal state contains none whatever, is due to the fact that the nutritive action of that cellule is diminished.

Reviews and Book Notices.

Report on Epidemic Cholera and Yellow Fever in the Army of the United States, during the year 1867. Washington: Surgeon-General's Office. 1868. 4to., pp. 156.

The total number of deaths from cholera in the army during 1866, was about 1250, while last year, 1867, they numbered only 230, although the disease was, if anything, rather more virulent in form, one dying in 1867, out of 2.19 cases, while, the previous year, the proportion was 1 : 2.22. This reflects most favorably on the efficient hygienic precautions used; for, after all is said, we know nothing about the treatment of cholera, and our only hope of lessening it is by preventive measures. Yellow fever was more prevalent. About 1500 cases, and 450 deaths are reported, among the latter 10 medical officers—a large per centage. Treatment was comparatively fruitless, and here again, reliance must be placed on careful hygienic rules, and especially quarantine and the removal of the commands to more healthy localities. The particulars of the various epidemics are detailed with great clearness in this report, and a copious appendix is added, giving statistical tables and full extracts from official reports of medical and other officers, referring to cholera and yellow fever. We have no doubt that the excellent instructions and suggestions embodied in the report last year, saved many lives to the service.

The Institutes of Medicine. By Martyn Paine, A. M., M. D., LL D., etc. Eighth edition, revised. New York: HARPER & BROS. 1 vol., 8vo., sheep, pp. 1145.

When a book has been so long before the reading world as this of Professor PAINE, it is hardly necessary to do more than to inform our readers of the appearance of a new edition. This is, however, rather a reprint of the eighth edition, which appeared as far back as 1865. It contains some additional matter in the form of notes, and more complete references to the material in the text. The index is exceedingly full, and fits the book admirably for a work of reference. Whether or not Dr. PAINE's views stand in the march of science, we must recognize in him one of the ablest of their defenders.

A Manual of Extracting Teeth. Founded on the Anatomy of the Parts involved in the Operation; the Kinds and Proper Construction of the Instruments to be Used; the Accidents liable to occur from the Operation, and the Proper Remedies to Retrieve such Accidents. By ABRAHAM ROBERTSON, D. D. S., M. D., etc. Second Edition. Philadelphia: LINDSAY & BLAKISTON. 1868. 1 vol., 12mo., cloth, pp. 200. *Price* $1.50.

The objects of the writer are so fully set forth in the title-page, that it is unnecessary for us to speak of the contents of the volume. Such a work was wanted, and we are glad to see that a second edition has been called for. It is the only work of the kind in the language, and as it is often a disagreeable part of a physician's duty to pull teeth, especially in the country, such a handy, practical, little volume would be a useful addition to his library.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 25, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE TRANSMISSIBILITY OF MENTAL DISEASES.

It is one of the most peculiar and remarkable facts in medicine that diseases, purely physical in nature, have a facility of contagion beyond any others. None of us who have passed a twelve-month in a hospital, but have witnessed how epileptic and hysterical seizures run through a ward when a single case is admitted. Few of us but have seen the same identical pathological manifestations sweep through a camp meeting, or break out in ferocious emotions in times of so-called "revivals of religion."

This transmissibility is always more marked in inverse proportion to the enlightenment, the mental cultivation and logical training of a community. Among the Siberian and native American tribes whole families, and even whole villages, are occasionally seized by an epidemic temporary mania, which not unfrequently results in their destruction. In the Dark Ages of Europe the historian of medicine finds details of a dancing mania, *Tanzwuth*, which, perhaps, gave rise to the popular tale of the fiddle, which when played forced every hearer, no matter how unwilling, to dance to its sound. Then there are the strange witch epidemics, and St. Vitus' dances, no doubt explicable by the same theory.

Late and careful observation goes to show very strongly that constant association with persons of unsound mind almost invariably affects injuriously every one. It is especially noticeable in children, who should never be allowed to have as companions the idiotic, or the monomaniac. But even the nurses and physicians who have asylums and wards for mental diseases under their charge contract observable peculiarities of thought and manner, betraying their employment.

Dr. E. Cyon, of St. Petersburg, has approached this subject from a practical point of view, in an admirable article in Virchow's *Archiv*. He recently made a journey to the principal asylums of France, Germany, England, and Belgium, to investigate the various systems of treatment in vogue. He was much pleased with the establishment at Gheel in this latter country. It is on the family plan, the patients being distributed as boarders in the different families of the town. This seems to work very well for the patients, but by no means to have such good results as might be wished for the natives. Indeed, Dr. Cyon starts out with the significant query, "Is not the founding of such establishments for the cure of the mentally diseased, at the same time a founding of establishments for the promotion of mental feebleness and idiocy among a community?"

He found the natives of Gheel are uncommonly stupid, confused, and narrow. He talked with one of the most respected burghers for some time, and left him under the full conviction that this was one of the insane patients—an impression he was much astonished to have rectified. Indeed, the inhabitants of Gheel are proverbial for miles around for a dulness of intellect, remarkable even among the Flemish peasantry. On the whole, so serious a defect does he consider this in the system, that he does not feel at liberty to recommend it for adoption in Russia.

Is it True?

A correspondent calls our attention to a paragraph going the rounds of the papers, to the following effect: "A man, residing in the vicinity of Montreal, Canada, who was recently bitten by a mad-dog, became so frantic that he had to be smothered between two beds." No doubt, this is a gross misrepresentation, but we call the notice of our Canadian brethren to what we regard as an aspersion.

Notes and Comments.

Treatment of Bronchorrœa by Tar-Water.

The *Eau de Goudrou* which a chemist in Paris, by name GUYOT, is advertising and selling largely, is little else than tar-water—aqua picis. It is found of great efficacy in the treatment of broncorrhœa and allied complaints. It is strange that the balsams are so much neglected by physicians. Not long since, one wrote to us that he had been cured of what he believed to be, and what his medical friends pronounced to be consumption, by their use. He seemed to think he he had left the regular practice in submitting to this treatment, when, in fact, their use has been recognized as efficacious for generations. They should be more extensively employed.

Salts of Sodium and Potassium.

In a late number of the *Gazette Hebdomadaire*, M. RABUTEAU gives his opinions strongly in favor of using the iodide and bromide of sodium, instead of the corresponding salts of potassium. The former are more readily borne by the stomach, and are not poisonous, as unquestionably the latter are when used in large quantities. This is especially the case in lead-poisoning, where the iodine in the iodide of sodium, forms the iodide of lead quite as rapidly as when combined with potassium. In the same way, it should be preferred in the treatment of mercurial poisoning.

Death by Morphia.

A man was found dead in a state-room of a steamboat at Louisville, last month. He was identified as Capt. B. S. COFFEY, a well-known native of Kentucky. A chemical examination, by Drs. KASTENBINE and JENKINS, revealed about one half-grain of morphia in the stomach. The following questions were asked by the coroner:

Q. Did you find enough to produce death?

A. That which was found in the investigation had not entered the system yet. It was what remained unabsorbed into the blood. I have no idea how much was absorbed into the blood?

Q. What is the smallest poisonous dose of morphia?

A. That is a question which cannot be answered unless we consider the idiosyncrasies, habits, and ages of individuals taking this drug. For example: In very young persons and adults peculiarly susceptible to the effect of narcotics, a very small dose would be dangerous. Ordinarily, in adults, the fourth of a grain is an average dose. A full grain would be attended with risk in persons unaccustomed to opium. I believe it is on record that one grain of morphia has proved fatal to an adult. It is also recorded that persons have recovered after taking as much as ten or fifteen grains, without any of the poison being expelled from the stomach by vomiting or otherwise.

The verdict was, death from morphia.

It is singular, in the record of this case, that although a physician was called in apparently twelve or fifteen hours before death, he made no attempt, either by hypodermic injections or enemas, to bring the patient under the influence of atropia. The neglect of such a well-known antidote was reprehensible.

Uses of Arsenic.

We notice in some of our exchanges that arsenic in small doses has been recently employed with very satisfactory results in the treatment of hemorrhoids. It was also observed to act very kindly in cases of chronic prostatitis, in at least one instance curing an obstinate and distressing case of many years' standing.

Poisonous Paper Hangings.

The dangers families often incur from dwelling in rooms papered with injurious substances are set forth in an article in the *Journal of Applied Chemistry*. It mentions a recent case in which a paper-hanger of Roubaix, in France, lost his life by partaking of his breakfast without having first washed his hands; he had, just previously, been handling wall paper, colored green with the arsenite of copper, or Scheele's green. Another variety of color, called Sweinfurth green, also composed of arsenic and copper, is often used in the manufacture of papers, and though not extremely volatile, still, the almost infinitessimally small particles, continually escaping and pervading the atmosphere, are sufficiently cumulative in their effects upon the human economy to produce, frequently, the most disastrous results.

Another article, known by the name of king's yellow, which is often used for the same purpose, consists of a sulphuret of arsenic, which is likewise a virulent poison. When the effect of merely inhaling the floating particles of these poisons is not so manifest, the touching and handling of the papers on which they are placed will often produce serious illness, and this is more frequently the case with young children. Children are especially attracted by bright colors, and when these are exhibited in ornamental designs upon the wall, the young folks very naturally are attracted by them, and, child-like, they will not become satisfied until they can see,

handle, and in many cases, taste the object of their admiration.

Many of the lead colors, and those derived from other poisonous metals, are also used for walls.

Female Dentists.

It is well sometimes to go abroad to learn home news. In the *Deutsche Klinik*, for June 20th, we learn that a young lady from Holstein has, after many difficulties, obtained the permission to study at the the Dental College in this city, (Philadelphia,) and is winning golden opinions from the professors for her diligence. When graduated she expects to return to her fatherland, and has already written to a German "Society for increasing the employment of Women," suggesting this as specially well adapted to her sex. We may consequently expect an invasion of our dental as well as our medical colleges ere long.

Spirtual Matters.

Prof. Tyndall has recently offered to investigate the alleged spiritual phenomena which Mr. Home asserts that he can produce. The latter declines, and the unbelieving press rejoice greatly thereat. But as the *Scientific American* very justly observes, the conditions which Prof. Tyndall, and before him Faraday, required of Mr. Home were such that he could not possibly consent to them without virtually conceding at the outset that he was an impostor. This is not the proper scientific spirit. It is not impartial investigation. Nor will such a method ever show the real absurdities of spiritualism. In precisely a similar spirit is Baron Reichenbach's work, "The Odic Flame," (Die Odische Lohe,) reviewed in a recent number of the *Wiener Medicinische Presse*. Ridicule is the easiest, but also the feeblest argument.

Collins' Disinfecting Powder for Foul Apartments.

Two parts of fresco and dry chloride of lime and one part of burnt alum intimately mixed, are found more efficacious in destroying or neutralizing putrid odors than either of these substances when used alone. The compound powder may be placed on a shallow plate or similar article; if the weather be damp, no addition of water is necessary, but in a very dry atmosphere, a little water is better.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Interesting Case in Practice.

Editors of the Medical and Surg. Reporter:

Was called to see a woman who was supposed to have the dropsy. Two eminent physicians diagnosed her case as hopeless ascites. Mrs. B., 40 years of age; married two years ago the second time; had six or seven children with her first husband. Thought herself pregnant about a year ago; thought she felt quickening, but felt different from what she used to with her other children. Her menses had stopped, but the history of her case was not very clear to me; it seems that her husband did not think, or would not believe that she was pregnant; he made her take a great many bottles of Jayne's Expectorant and other nostrums. I was shown a barrel full of empty bottles and pill-boxes. About two months before I saw her, she called on Dr. S., who told her that she had dropsy, and prescribed cream of tartar and assafœtida. A week before I was called, Dr. B. visited her and confirmed the diagnosis of Dr. S. When I saw her, she was sitting in an arm-chair, propped up by pillows, not able to bear an horizontal position; she was gasping for breath; her face, sallow and jaundiced, expressed anxiety and pain. Abdomen evenly enlarged, but the skin was not tense, but easily movable over the tumor; percussion gave a dull sound in front, below and lateral, epigastrium gave a slightly tympanitic sound. Taking hold of the abdomen with both hands, on right and left side, I could move the tumor; fluctuation very doubtful. Standing the patient on her feet, I examined her vagina, found over the pubes in front a large flabby tumor; sweeping over it backward I found it to be the uterus; os high up behind, closed, neck obliterated forming loose folds around the os. Having to hurry my examination on account of the patient's debility, I could not employ an uterine sound, but I had seen enough to convince me that there was no ascites. I prescribed some morphia, and to relieve the loaded intestinal canal, I gave podophyllin and leptandrin. Her legs were enormously swollen from the knee down to the toes.

Not being able to make out a precise diagnosis at my first call, I concluded to watch the case, and treat according to symptoms. What could it be? Dulness of percussion in whole front of abdomen, excluded ascites; lateral dulness ex-

cluded ovarian dropsy; the little tympanites in epigastric region disappeared also after the exhibition of podophyllin, leptandrin and iodide of mercury.

In the course of a few days' treatment the woman expressed herself much better, her appetite returned, she could sleep very well again, although sitting in her chair; her face assumed a healthy color, dispnœa had disappeared, her bowels acted freely; her pulse kept at 120 per minute, however.

Thus matters stood for several days, when I was sent for in haste. I found Mrs. B. gasping for breath again, her legs swelled more, if they could possibly swell more. She begged for God's sake to relieve her if possible; believing that there must be water in her abdomen she begged to be tapped and have her legs tapped also if possible. She could not stand the pain any longer. She had had fainting spells through the night; her attendants thought her dying. I gave her a dose of morphine, directed her legs to be steamed, and bandaged with a long roller, as in varicose veins. I promised to come back next morning and make another examination, and if I should be convinced of the presence of fluid I would tap her. Next morning found her much easier again, had slept well, swelling of extremities gone down. I had her stand up, supported by two assistants. On introducing finger into vagina found the uterus more flabby, os within easy reach, but closed; managed, however, to introduce a vaginal sound, which went up about two inches, when I felt some elastic obstruction; handling the sound carefully, but using a little more force, I was suddenly startled by the gush of a greenish-yellow liquid, to the amount of two or three ounces. Replacing the woman on her chair, I felt her abdomen to feel quite soft and flabby, but during this manipulation it became suddenly hard again, and Mrs. B. remarked that another gush had come; this was repeated several times in the course of half an hour. It was now clear the womb was the tumor, and it made active contractions; there could be but little doubt any longer about the nature of the tumor. I directed a mild cathartic again, her bowels not having moved for several days, and then told the woman to keep quiet, and have good hope. Next day I found the os uteri dilated about two inches in diameter; was told that much fluid and some black clots passed off. I discovered through the os a large round soft body, not fluctuating nor yielding, however, any; it was no fœtal head, might be a breach presentation. I here must remark, that the os, although dilating and dilated, had a dead leather-like feel, quite different from the feeling in natural labor. Up to that time the woman said that she had not felt any labor pain, only a little pain in the back. Not knowing yet whether I had to do with a dead fœtus or a tumor of some kind, I abstained from all active interference, but concluded to wait, since so far things were doing well. I told my patient if in my absence strong pains should come on to call in her midwife, who only lived a few doors below; if she should find that it was a dead child she should go on, but if anything strange should turn up, they should have to send for me. I knew the midwife to be a sensible and skilful hand, and could well trust her. To make the story short, in the evening, at 7 o'clock, a dead female full grown fœtus was born. At my morning visit I found Mrs. B. in bed, in the highest transport of joy. Having expected for weeks nothing but death, we may easily imagine her feelings. She made a rapid recovery. The dropsical effusion left her legs in a few days.

New Albany, Ind. OCCIDENT.

Puerperal Mania Treated by Bromide of Potassium.

EDITORS MEDICAL AND SURGICAL REPORTER:

Mrs. H. was confined on the 24th of June. She had previously borne ten children. No physician was present at this, her eleventh confinement.

June 29th. Dr. A. ROTHROCK was called to see her. On reaching the house (distance seven miles), he found the patient lying in a small room, which at best was but poorly ventilated, and the air of which was at the time absolutely foul. It was at once apparent to him that he had to do with a case of metritis. The pulse was tense, and over one hundred. There was a high fever, with an occasional slight remission. The uterus was hard and excessively tender. The abdomen was tympanitic. The lochia were entirely suppressed. She was put upon calomel, opium and ipecac., with intervening doses of spiritus ætheris nitros. A poultice of bread and milk was applied over the abdomen. Oleum ricini was directed, to work off the calomel, etc.

June 30th. Patient was seen at 10, A. M. There was less fever, but paroxysmal pains, resembling after pains, were occurring. Pulse was 90. She had had some rest during the previous night; calomel, opium, ipecac. and champhor, alternating with nitre, were again directed. Ice was applied to the head, sinapisms to the ankles, and bread and milk poultice to the abdomen.

July 1st. Mrs. H. was better. Uterus was throwing off the contained clots, and was considerably reduced in size. In a word, convalescence seemed decided.

2d. Dr. A. R. was sent for in haste. He found the patient in most violent delirium; imagining herself in the regions of Avernus, and surrounded by all its horrid associations. Force was required to keep her in bed. There wss an occasional interval, not of sanity, but of comparative quiet. Opium in three grain-doses was ordered every hour, or until sleep was produced.

3d, 9, A. M. The patient had had a short sleep after taking twelve grains of opium, but awoke more furious than ever. Opium was again directed and in the same dose.

3d, 6, P. M. Still no rest for the sufferer. Treatment was changed, and five grains of camphor every two hours, (as directed by Churchill), substituted for the opium. Ice to head continued.

4th, 9, A. M. Patient was much worse. She had obtained no sleep during the previous night, and was more demented than ever. Bromide of potagsium was given; first a thirty grain-dose, then ten grains every hour. Ice to head continued.

4th, 5, P. M. Drs. A. Rothrock, Howard, Van Valzah, and myself met in consultation. Immediately after giving the first dose of the bromide in the morning, Mrs. H. obtained one hour of sleep, and had dozed away the rest of day. She was now much more calm, and in fact almost sane again. The bromide was continued, and a dose of fifty grains administered at once, to be followed by ten grains more each hour, or until the patient slept. Dr. V. advised removing the hair and continued application of the ice to the head. He also suggested bleeding, unless there was a decided improvement by the following morning. Her bowels not having been opened for forty-eight hours, calomel and podophyllin were exhibited.

5th. Patient slept well all the previous night, and was still inclined to sleep. On being awakened, she was found quite rational, but complained of weakness and hunger. She was comparatively comfortable and cheerful. The purgative taken had acted freely, and to check it acetate of lead and opium were directed. The bromide was still continued, but in greatly reduced doses. Patient manifested an aversion to it now, but this was doubtless owing to its association with the calomel and podophyllin of the previous nights.

From this time the convalescence was marked, and the treatment, of course, tonic and supporting. I have just heard the sequel from Dr. A. Rothrock: "Mrs. H. has continued to improve since you saw her. She was so well that I did not visit her yesterday. I saw her to-day (July 10th). She slept without much interruption for several days, until she had quite recovered from the effects of her prolonged insomnia."

It is, of course, unsafe always to accredit the medicine last used with the *cure;* but in the case of Mrs. H., the transition from the wildest delirium to sleep, and then to calmness, *immediately* after the exhibition of the bromide of potassium, was so marked that we can hardly avoid regarding it as the active agent in the change. Possibly, much of the subsequent sleep may have been the lingering result of the opium, but this I am inclined to doubt.

We may at least infer the *critical change* from raving mania and insomnia to sleep and perfect tranquility, was due to the bromide; such, at least, seems to be the verdict of those who saw the case.

J. T. Rothrock, M. D.

Centre Co., Pa.

Scirrhus of Pylorus.

Editors Medical and Surgical Reporter.

Mrs. A., aged 65, mother of five children, has had slight dyspepsia for three years. Saw her first, January 13th, 1868, at which time there was nausea with eructations, continued pains in bowels, with general derangement of digestive organs, attended with constipation. On February 3d, for the first time, there was noticed a hard tumor in the abdomen, extending from the left iliac region across the umbilical, just below the "naval"—this was about four inches in diameter. This was not tender to the touch, being movable from one side to another, evidently being detached from the walls of the abdomen. February 4th, the enlargement remains the same; her appetite, heretofore good, has failed her, the eructations increasing in intensity. An enema was given, which brought away impacted feces, of a dark color, and offensive odor; the pulse more feeble, the patient becoming very much emaciated, and not being able to retain anything in her stomach. She gradually sank until the 18th, 9, P. M., when she died from asthenia.

The treatment throughout, was palliating and supporting.

Inspection three hours after death: general appearance indicated a cancerous cachexia. Upon exposing the abdominal organs, there was

found the lesser curvature of the stomach dragged down to the umbilical region. Upon opening the stomach it was found to contain a dark, yellow fluid; at the pylorus was found a hard mass, composed principally of glands, on the inferior surface, infiltrated with a dense cancerous deposit. This was in such quantity as to allow a medium size bougie to pass with difficulty. This extended about three inches in length The muscular and mucus coats of pyloras were destroyed; a semi-certilaginous tissue remaining. A microscopic examination developed well-marked cancer cells, with every large nuclei, both in the muscular and mucus infiltrated tissue. The other organs of abdomen were healthy. ?

Death from Sulphate of Magnesia.

Editors Med. and Surg. Reporter:

A ruinous and fatal idea of beauty prevails, to an alarming extent, among the young ladies of the United States. Any cosmetic producing a pallor of the face is profusely applied; any substance which will rob the blood of its vitality and red globules, and send debility throughout the organism, is greedily swallowed, and sent on its destructive mission. A small waist is considered the perfection of form, when, in truth, it is the opposite, and only a distortion of that development which nature would give, Where such deformity cannot be induced by a listless, sedentary life, it is brought about at the sacrifice of happiness and health. This fanaticism, or monomania, is yearly carrying many of its votaries to premature graves, or rendering them sad images of degenerated women.

The young lady of whom I speak particularly, was beautiful, amiable, and accomplished; with wealth and friends, and all the surroundings to make her happy. Unfortunately, she was induced to try and reduce her plump, healthy body to paleness and delicacy; and according to her statements, used sulphate of magnesia in large quantities for over a year. Her failing health led to a development of the cause. She was a strong, vigorous, healthy girl; had safely passed the period of puberty, and had a regular and healthy menstruation. The result of the medicine was to close all the channels of health, and produce all the pathological changes in the blood observable in anæmia or chlorosis, and resulted in a confirmed and fatal case of anæmia. Her former healthy development gave way to a spare, lank, cadaverous physique; her courses ceased, the face became pale, the eyes sunken, the hands long and cold, the gums pale and flabby, the appetite morbid and capricious.

But the sad effects did not end with the loss of health to the body; the mind gave way also. Amiability yielded to moroseness; intelligence, to vacuity; memory, to forgetfulness and abstraction; care and concern for others, to disrespect and asceticism. In a word, beauty and intelligence were succeeded by a wreck of body and mind. She was insensible to all the appliances of medicine; travel, change of climate and associations were of no avail. "The silver cord had been loosened, the golden bowl broken," and she sank to a premature grave. Were this an isolated case, we would be silent, but every town and city, and female seminary, have such cases; they occur in the experience of every physician, and many parents mourn over the blasted health of a once vigorous and healthy daughter.

H. P. Ayres, M. D.

Fort Wayne, Indiana.

Parasite of the Cheek.

Editors Med. and Surg. Reporter:

Being desirous of gaining satisfactory information concerning the features and etiology of the following case, I hereby transmit it in toto to your many readers, hoping to receive an answer containing abundant light on the subject, from some veteran in the service.

In the month of February, 1867, while residing in Victoria, Illinois, a boy, five years of age, and of a scrofulous diathesis, came into my office, accompanied by his mother, who wished me to examine the little fellow's left cheek. There was quite a protuberance manifested, in character approaching that of a good-sized boil, which was attended with redness, and at times a considerable pain, causing irritableness of temper, sleeplessness, and anorexia. Thinking it arose from an impoverished state of the system, I prescribed an alterative cathartic, with a local application of ung. hydg. nit. But at the expiration of a week, contrary to my diagnosis, and much to my astonishment, upon slight pressure, a curious object was developed, which, upon examination, proved to be alive, three-fourths of an inch in length, nearly transparent, and surrounded with several rings or joints. Upon removal of the object, the tumefaction subsided, and the cheek soon returned to its natural appearance. As I was in possession of no microscope, my parasitic investigations were very much limited and unsatisfactory. No case of the kind has since appeared in any member of the family, and as far as I could ascertain, (within bounds of possibility,) the patient had eaten no raw meat or vegetables. Therefore, what caused the ap-

pearance of the animal in this particular? How was the germ sown? Was it a species of guinea worm, trichina spiralis, acarus scabii, or what?

G. H. Vance, M. D.

Oneida, Ill.

News and Miscellany.

Carbolic Acid in Veterinary Medicine.

This acid has been found of the greatest use in the treatment of diseases common to sheep. Scab is cured by dipping the sheep in water containing a small portion of the acid, and allowing it to remain about one minute. For this purpose the pure concentrated acid is too expensive, and an emulsion of the crude acid in soap and water is to be used instead. A bath containing .017 of it is sufficient to effect a cure. For foot-rot an ointment should be made of the crude acid and grease, placed in a shallow stone tray, and the sheep driven through it. If cattle or horses are annoyed with flies or other insects, a weak solution of carbolic acid rubbed through the hair will be found an effectual protection.

To Remove the Taste of New Wood.

A new keg, churn, bucket, or other wooden vessel, will generally communicate a disagreeable taste to anything that is put into it. To prevent this inconvenience, first scald the vessel with boiling water, letting the water remain in it until cold; then dissolve some pearlash or soda in luke-warm water, adding lime to it, and wash the inside of the vessel well with this solution. Afterward scald it well with plain hot water, and rinse it with cold water before you use it. The reason for this is the ready combination of resinous matters with alkalines to form compounds soluable in water. The resinous substances of wood, while new, cause a disagreeable taste and odor in substances kept in wooden vessels.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Innes—Wright.—At the residence of the bride's father, by the Rev. L. G. Leonard, D.D., Perrott, youngest son of the late Robert Long Innes, C. E., formerly of Her Britannic Majesty's 37th Regiment of Infantry, London derry, Ireland, and Laura, eldest daughter of E. B. Wright, M. D., Lebanon, Ohio.

Sterrett—Brooks.—At Pittsburgh, Pa., June 30th, by the Rev. S. F. Scovel, David Sterrett, Esq., of Franklin, Pa., and Emma C., youngest daughter of the late Jeremiah Brooks, M. D.

Tarbell—Oliver.—At Cape Elizabeth Ferry, Me., June 27, by Rev. U. Rideout, Wm. E. Tarbell, M. D., of Vassalboro,' Me., and Maria P. Oliver, of Boston, Mass.

DIED.

Buvinger.—At Pittsburgh, Pa., on the 12th inst., of inflammation of the bowels, Gertrude E., infant daughter of Dr. C. W. and Emma P. Buvinger, aged four months and nine days.

Gamble.—In London, England, June 26th, George Gamble, M. D., (second son of James and Elizabeth A. Gamble, of Cincinnati) in the 30th year of his age.

Hildreth.—At Zanesville, Ohio, June 21st, Mrs. Rhoda Hildreth, widow of the late Dr. S. P. Hildreth, one of the pioneers and the historian of Ohio. She was born in New Bedford, Massachusetts, August 25, 1785, and went to Ohio with her husband in 1808.

Style.—In Wilmington, Del., June 23, Dr. Augustus C. Style, aged 54 years and 9 mos., formerly of Jackson, Me.

Walter.—At Madisonville, Ohio, near Cincinnati, July 6th, 1868 Mrs. Julia B., wife of Dr. J. S. Walter, aged 32 years, 6 months, and 10 days,

OBITUARY.

Dr. Nathan Shoemaker.

This venerable gentleman died in Philadelphia on the 11th of June, in the eightieth year of his age. The deceased was one of the old school physicians, and had enjoyed a long and extensive practice. He was a cotemporary of the well known Philadelphia physicians, Drs. Chapman, Hartshorne, and Moore, and the elder Jos. Parrish. He retired from practice about a quarter of a century since. He died full of years, and full of honors and in a Christian's faith.

ANSWERS TO CORRESPONDENTS.

Dr. R. D. W., of Pa.—A good tonsillotome will cost you about $6.00. We know of none better than Fahnestock's, if it is only kept in good order. We can get you a second hand one in perfect condition for $5.00.

Dr. W. B W., of Ark.—"How early would you begin treatment of a new-born child for talipes varus? Could suitable apparatus be procured in your city by giving age, etc., and sent by mail?" Treatment had better be commenced when the child is two or three months old. You could procure the apparatus here by sending measurements, &c.

☞We have received a letter from Cadiz, Ohio, enclosing $5.00 without signature. Will the writer please inform us of his name?

Dr. J. W. P. B., of Md.—A good wired skeleton costs $45.00.

Dr. J. M. C., of Ind.—Dr. Pallen's Essay on Uterine Abnormities can be obtained from the author in St. Louis; or in the 17th vol Trans. Am. Med. Assoc. There is a quarterly Medical Journal published at Keokuk, Iowa.

Dr. T. H. D., of Pa.—Loomis on Physical Diagnosis costs $2.00 A stethoscope, single, best make, costs $1.50.

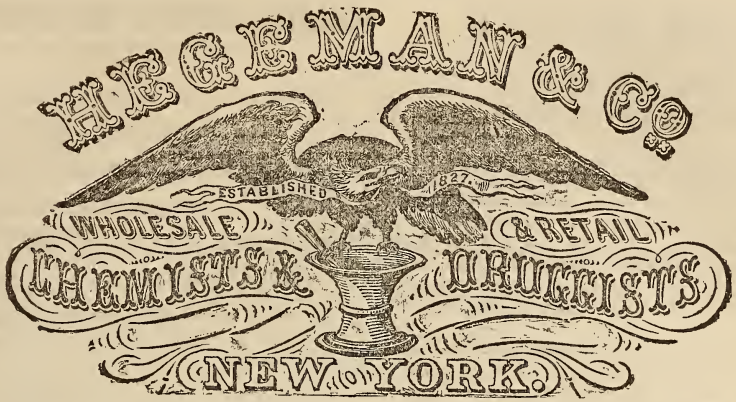
Dr. T. M. L., of Cal.—You will see by looking at p. 15 current volume, that we have anticipated your request. We will take steps to procure at once the volume of Transactions you refer to.

Dr. F. D. C., of N. Y.—A good working microscope costs about $55.00. This is the price of Woodwards Student's microscope, which is a very good instrument,

METEOROLOGY.

July.	6,	7,	8,	9,	10,	11,	12.
Wind.....	E.	S. E	S.	S. E.	N. E.	S. W.	S. W.
Weather....	Clear.	Cl'dy. Sh'r. t. & l.	Clear. Sh'r.	Clear. Sh'r.	Cl'dy.	Clear.	Clear.
Depth Rain..		6 10					
Thermometer.							
Minimum.....	60°	63°	68°	67°	64°	65°	68°
At 8, A. M.....	78	73	77	77	72	77	81
At 12, M.....	85	86	87	83	78	86	90
At 3, P. M.....	87	88	88	82	79	87	91
Mean.....	77.50	77.50	80.	78.	73.25	78.75	82.50
Barometer.							
At 12, M.....	30.2	30.1	30.	30.1	30.2	30.1	30.1

Germantown, Pa. B. J. Leedom.



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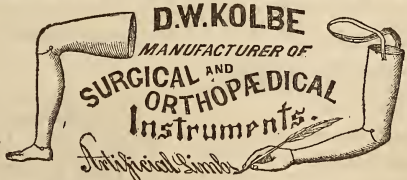

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CHARITY HOSPITAL MEDICAL COLLEGE.
CLEVELAND, OHIO.

The next session will begin on Thursday, October 1st, 1868.

FACULTY.

JAMES DASCOMB, M.D., Professor of Chemistry and Toxicology.

GUSTAV C. E. WEBER, M.D., Professor of Clinical Surgery.

L. FIRESTONE, M.D., Professor of the Principles of Surgery.

W. J. SCOTT, M.D., Professor of the Principles and Practice of Medicine.

A. METZ, M.D., Professor of Ophthalmology.

J. STRONG, JR., M.D., Professor of Materia Medica and Therapeutics.

HENRY J. HERRICK, M.D., Professor of Obstetrics and Diseases of Women and Children.

W. H. JONES, M.D., Professor of Descriptive Topographical Anatomy.

CONWAY W. NOBLE, Esq., Professor of Legal Medicine.

COLIN MACKENZIE, M.D., Professor of Physiology, Histology, and Pathological Anatomy.

JOHN B. RICE, M.D., Professor of Military Surgery and Genito-urinary System.

JACOB STAMP, M.D, Demonstrator of Anatomy.

DANIEL B. SMITH, M.D., Prosector to the Chair of Clinical Surgery.

GUSTAV C. E. WEBER, M.D., Dean.
W. J. SCOTT, M.D.,
Treasurer and Registrar.

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595—604

To the Medical Profession.

Inasmuch as every physician has at times those under his care whom he desires to send abroad, and who require a change of surroundings, new influences, freedom from care, the control of a physician in their hygienic conditions, together with those remedial agents which are not readily available in general practice, among which are Baths in their various forms, Electricity, Inhalation, Gymnastics, Mineral Spring waters, etc., combined with judicious medication, we invite the attention of the profession to ourselves, as Regular Physicians, Graduates of the New York Medical University, and our Institution, the

REMEDIAL INSTITUTE
At Saratoga Springs, New York.

Our Institute was established in 1855, since which time we have treated a large variety of Chronic Diseases, among which, *Lung, Female and Nervous* have been most numerous.

We have Accommodations for nearly One Hundred Patients. We are central in position, near the Principal Springs, and unsurpassed for beauty of location. We are happy to make the personal acquaintance of our brethren in the profession, and offer special terms to any of them who may desire to visit the Springs.

Private professional references given when desired.

S. S STRONG, M. D.
S. E. STRONG, M. D.

Saratoga Springs N. Y., March, 1868. 576—601

WOMAN'S MEDICAL COLLEGE
OF PENNSYLVANIA.

The Nineteenth Annual Session will open on Thursday, Oct. 14th, 1868. For further particulars, address the Secretary, Mrs. E. H. CLEVELAND, M. D., at the College, North College Avenue and Twenty-second street, Philadelphia. ANN PRESTON, M. D., *Dean.*

583—eow—602

UNIVERSITY OF PENNSYLVANIA,

NINTH ST. ABOVE CHESTNUT,

PHILADELPHIA.

MEDICAL DEPARTMENT.

One Hundred and Third Session—1868–69.

FACULTY.

GEORGE B. WOOD, M.D., Emeritus Professor of Theory and Practice of Medicine.

SAMUEL JACKSON, M.D., Emeritus Professor of Institutes of Medicine.

HUGH L. HODGE, M.D., Emeritus Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy.

ROBERT E. ROGERS, M.D., Professor of Chemistry.

JOSEPH LEIDY, M.D., Professor of Anatomy.

HENRY H. SMITH, M.D., Professor of Surgery.

FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine.

R. A. F. PENROSE, M.D., Professor of Obstetrics and the Diseases of Women and Children.

ALFRED STILLE, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine.

D. HAYES AGNEW, M.D., Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery.

The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The Room for Operative Surgery and the Application of Bandages, etc. etc., is open early in September, and throughout the Session, under the supervision of the Professor of Surgery.

Surgical Demonstrator, JAMES COLLINS, M.D.

Fees for the Lectures (each Professor $20)..... $140
Matriculation Fee (paid once only)..... $5
Graduation Fee..... $30

R. E. ROGERS, M.D., *Dean of the Medical Faculty*, University Building.

W. H. SALVADOR, *Janitor*.
University Building.

P. S.—Board may be had at from $4.50 to $6 per week.

AUTUMN COURSE OF PRELIMINARY LECTURES FOR 1868.

This Course will commence on Monday, September 7, and terminate on October 10.

The Lectures will be delivered as follows:

MICROSCOPY. JAMES TYSON, M.D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M.D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M.D., Physician to the Pennsylvania Hospital.

DISEASES OF THE SKIN. H. LENOX HODGE, M.D., Physician to the Children's Hospital.

MORBID ANATOMY. WILLIAM PEPPER, M.D., Physician and Pathologist to the Philadelphia Hospital.

Admission Free.

AUXILIARY FACULTY OF MEDICINE.

HARRISON ALLEN, M.D., Professor of Zoology and Comparative Anatomy.

HORATIO C. WOOD, Jr., M.D., Professor of Botany.

F. V. HAYDEN, M.D., Professor of Mineralogy and Geology,

HENRY HARTSHORNE, M.D., Professor of Hygiene.

JOHN J. REESE, M.D., Professor of Medical Jurisprudence, including Toxicology.

The Fourth Course of the Auxiliary Lectures will begin on the first Monday in April, 1869, and terminate the last of June. These Lectures are free to all Students of the Regular Medical Course. 592—3 m.

TO PHYSICIANS.

Professor HORATIO R. STORER will deliver his fourth private Course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee $50, and Diploma required to be shown. Certificates of attendance upon the previous Courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, June, 1868. 592—617

GEORGETOWN COLLEGE, D. C.

NINETEENTH MEDICAL SESSION, 1868-9.

College Building, Corner Tenth and E Sts.,

CITY OF WASHINGTON.

FACULTY.

NOBLE YOUNG, M.D., Pres't and Professor of Principles and Practice of Medicine, General Pathology, and Medical Ethics.

FLODOARDO HOWARD, M.D., Treas. and Professor of Obstetrics and Diseases of Women and Children.

JOHNSON ELIOT, M.D., Dean, and Professor of Principles and Practice of Surgery, Military Surgery, Fractures, and Dislocations.

JAMES E. MORGAN, M.D., Professor of Materia Medica, Therapeutics, and Medical Jurisprudence.

THOMAS ANTISELL, M.D., Professor of Physiology, Hygiene, Physiological Chemistry, Urinary Therapeutics, and Pathology.

MONTGOMERY JOHNS, M.D., Professor of Anatomy, Descriptive, Regional, and Surgical.

SILAS L. LOOMIS, M.D., Professor of Chemistry and Toxicology.

ROBERT REYBURN, M.D., Professor of Operative Surgery, Histology, Microscopic and Pathologicel Anatomy.

DANIEL R. HAGNER, M.D., Professor of Clinical Medicine.

J. HARRY THOMPSON, M.D., Professor of Clinico-Surgical Diseases of Woman.

ROBERT REYBURN, M.D., Professor of Clinical Surgery.

WARWICK EVANS, M.D., } Demonstrators.

LECTURES.—The regular course of Lectures will commence October 1st, and terminate the following March.

CLINICAL INSTRUCTION is given at Providence Hospital during May, June, July, and August; and at Campbell Hospital and at Columbia Hospital for Women during the College Course.

Clinical Instruction is FREE to the Matriculants of this School.

MEDICAL MUSEUM.—The Army Medical Museum, adjacent to the College Buildings, embraces a valuable collection of specimens in Anatomy and Natural History, and the finest collection of Pathological Specimens in the world, and affords unequaled advantages to students of Medicine and Surgery.

COLLEGE BUILDINGS.—In order to obviate the inconveniences experienced from the limited accommodations heretofore furnished, the Faculty are glad to announce that they have secured the large and commodious buildings situated on the corner of Tenth street west and E street north. These buildings contain spacious Lecture Rooms and all other conveniences requisite for the prosecution of the study of Medicine and Surgery, and for the accommodation of the students.

FEES.

For the full Course of Lectures	$135 00
Matriculation	5 00
Demonstrator	10 00
Graduation	30 00
Single Ticket	20 00

For further information address

JOHNSON ELIOT, M.D., DEAN,
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CLIFTON HALL,

A PRIVATE HOSPITAL

FOR MENTAL DISEASES.

This Institution is located within a few miles of the city of Philadelphia. It is designed to accommodate about forty patients, twenty of each sex. The fact is now fully recognized, by Psychological Physicians, that the less we treat the insane as exceptional beings, by immuring them in large hospitals, under strict discipline, and modes of life, widely different from the social amenities of home, the more likely is recovery to take place. Hence the advantage of small establishments, where the arrangements are more homelike and familiar. It is the desire of the Superintendent of Clifton Hall to make it, in every respect, A HOME FOR HIS GUESTS. The location is beautiful and salubrious. The house, though possessing all the safeguards and appliances of a public hospital, in external appearance and internal arrangements, presents nothing to unfavorably impress its inmates. The family of the Superintendent, and patients of both sexes, take their meals at a common table, differing in no respect from the tables of the educated classes in private life. The Attendants are intelligent, respectful and attentive.

REFERENCES: SAMUEL HENRY DICKSON, M.D., formerly of Charleston, South Carolina, now Professor of Theory and Practice of Medicine in the Jefferson Medical College of Philadelphia. Drs. JOS. PARRISH, EDW'D HARTSHORNE, JOHN BELL, J. B. BIDDLE, S. W. BUTLER; also, JOHN C. MERCER, M.D., Williamsburg, Va.

R. A. GIVEN, M.D., Clifton Hall,
Kelleysville, Delaware County, Pennsylvania.

592–643

ALBANY MEDICAL COLLEGE.

The next course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Clinics are held regularly in the Hospital and College.

PROFESSORS.

ALDEN MARCH, M.D., Principles and Practice of Surgery.
JAMES McNAUGHTON, M.D., Theory and Pratice of Medicine.
JAMES H. ARMSBY, M.D., Descriptive and Surgical Anatomy.
JOHN V. P. QUACKENBUSH, M.D., Obstetrics and Diseases of Women and Children.
JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.
S. OAKLEY VANDERPOEL, M.D., General Pathology and Clinical Medicine.
JAMES E. POMFRET, M.D., Physiology.
JOHN V. LANSING, M.D., Materia Medica.

A Summer Lecture Course (free to Students and Medical men) is delivered, commencing in May and ending in July.

JACOB S. MOSHER, Registrar,
592—5 Albany, N. Y.

SURGICAL INSTRUMENTS, APPARATUS, Etc.

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592—643.

RUSH MEDICAL COLLEGE.

CHICAGO, ILLINOIS.

FACULTY.

J. V. Z. BLANEY, A.M., M.D., Professor of Chemistry.
JOS. W. FREER, M.D., Professor of Physiology and Microscopic Anatomy.
J. ADAMS ALLEN, M.D. LL.D., Professor of Principles and Practice of Medicine.
E. INGALS, M.D., (Treasurer,) Professor of Materia Medica and Medical Jurisprudence.
DELASKIE MILLER, M.D., (Sec'y,) Professor of Obstetrics and Diseases of Women and Children.
R. L. REA, M.D., Professor of Anatomy.
MOSES GUNN, A.M., M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.
EDWIN POWELL, M.D., Professor of Surgical Anatomy and Military Surgery.
JOSEPH P. ROSS, M.D., Professor of Clinical Medicine and Diseases of the Chest.
CHARLES T. PARKES, M.D., Demonstrator of Anatomy.
WILLIAM LITTLE, M.D., Curator of the Museum.
EDWARD L. HOLMES, M.D., Lecturer on Diseases of the Eye and Ear.
CHARLES KEIL, Janitor.

The Twenty-sixth Annual Session will commence on the 30th day of September, and continue eighteen weeks. For the annual announcement, or any information in reference to the College, address the Secretary, Prof. MILLER, 518 Wabash Avenue.

FEES.—Professor's Tickets, $50; Matriculation, $5; Hospitals, $5; Graduation, $25.

592—595

JEFFERSON MEDICAL COLLEGE,

OF PHILADELPHIA.

The Forty-fourth Winter Session of Lectures will commence on Monday, the 12th of October, with a General Introductory by Professor PANCOAST. The Regular Course will begin the day after. The Session will terminate on the last day of February.

CHARLES D. MEIGS, M.D., Emeritus Professsor of Obstetrics and Diseases of Women and Children.

ROBLEY DUNGLISON, M.D., Emeritus Professor of Institutes of Medicine and Medical Jurisprudence.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

SAMUEL D. GROSS, M.D., Prof. of Institutes and Practice of Surgery.

SAMUEL HENRY DICKSON, M.D., LL.D., Prof. of Practice of Medicine.

ELLERSLIE WALLACE, M.D., Prof. of Obstetrics and Diseases of Women and Children.

B. HOWARD RAND, M.D., Prof. of Chemistry.

JOHN B. BIDDLE, M.D., Prof. of Materia Medica and General Therapeutics.

J. AITKEN MEIGS, M.D., Prof. of Institutes of Medicine and Medical Jurisprudence.

To enlarge the already abundant opportunities for Clinical Instruction, a Clinic will be held daily at the College, the Surgical Department being conducted by Professors Gross and Pancoast, the Obstetrical by Professor Wallace, and the Medical by Dr. J. M. Da Costa. The Lectures are so arranged as to permit the student to attend the Clinics of the Pennsylvania Hospital and of the Philadelphia Hospital.

The Summer Course, which begins in April, and is conducted by members of the Faculty, in conjunction with others, will be resumed in September, after the recess of July and August, and continued until some time in October.

FEES.—To each member of the Faculty, as in all the schools in Philadelphia and New York, $20, in all, $140; Matriculation Fee, $5; Graduation, $30.

Matriculants of last year, 353; Graduates, 159.

SAMUEL HENRY DICKSON, M.D.,
589— *Decan.*

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FRESH, FROM HEALTHY WHITE CHILDREN.

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GETTYSBURG KATALYSINE WATER:

ITS REMARKABLE HISTORY,

And Wonderful Curative Powers.

The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D. D.

Rev. Dr. MORIARTY is widely known as a Catholic Priest of high standing, and needs no indorsement.

A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

CAUTION.

As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

Retail price per quart bottle, 50 cents.

Retail price per case of two dozen quarts, $11. The usual discount to the trade.

All communications must be addressed to the GETTYSBURG SPRING CO., No. 63 Liberty street, P. O. Box 5138, New York.

The water is shipped direct from the Spring to all places so situated as to be more conveniently supplied from this source. FOR SALE BY DRUGGISTS GENERALLY. 592—

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SUGAR-COATED PILLS OF THE U. S. PHARMACOPŒIA AND BY EMINENT MEDICAL PRACTITIONERS.

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PILLS.

	PRICE PER BOT. OF 100 EACH.	500 EACH
Aloes et Assafœt., U. S. P.,	$0 40	$1 75
Aloes et Mastich, (Lady Webster's Dinner Pills,)	50	2 25
Aloes et Myrrh,	50	2 25
Ammon. Bromid. 1 gr.,	75	3 50
Anderson's Scots. (See U. S. Dispensatory.)	40	1 75
Anti-Bilious (Veg.) { Pulv. Ext. Coloc. C. 2½ gr. / Podophyllin. ½ gr. }	70	3 25
Anti-Chill, { Chinoidin, 1 gr. / Ferri Ferocyan. 2 grs. / Ol. Piper. Nig. 1 gr. / Arsenic, 1-20 gr. }	1 25	6 00
Anthelmintic,	1 00	4 75
Antimony Comp.	40	1 75
Aperient, { Ext. Nux. Vom. ½ gr. / Ext. Hyoscyam. ½ gr. / Ext. Coloc. C. 2 grs. }	85	4 00
Asafœtida, 2 grs.	40	1 75
" Comp.	40	1 75
" et Rhei. { Assafœtida, 1 gr. / Pulv. Rhei. 1 gr. / Ferrum per Hydrog. 1 gr. }	75	3 50
Bismuth Subnit. 3 gr.	75	3 50
Bismuth et Ignatia,	1 50	7 25
Calomel, ½ to 5 grs.	40	1 75
" 5 grs.	50	2 25
" et Opii,	85	4 00
" et Rhei.	75	3 50
Cathartic Comp.	70	3 25
Cathart. Vegetable. { Podophyllin, Ext. Colocynth, Virgin / Scammony, Aloes / Soap & Cardamon }	70	3 25
Chapman's Dinner Pills,	60	2 75
Cerii Oxalat., 1 gr.	1 00	4 75
Chinoidin Comp. { Chinoidin. 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperine, ½ gr. }	1 00	4 75
Chinchon. Sulph. ½ gr.	75	3 50
Cook's 3 gr. (See U. S. Disp.)	50	2 25
Coloc. Comp. 3 grs. (Ext. Coloc. Comp. U. S. P.)	80	3 75
Colocynth. et Hydrag et Ipecac.	75	3 50
Copaibæ, U. S. P. 3 grs.	50	2 25
" et Ext. Cubebæ.	80	3 75
Diuretic. { Sapo Hispan Pulv. 2 grs. / Sodæ Carb. Exsic. 2 grs. / Ol. Baccæ Junip. 1 drop }	50	2 25
Dippytren. { Pulv. Guiac. 3 grs. / Hydg. Chlor. Coros. 1-10 grs. / Pulv. Opii. ½ gr. }	50	2 25
Ext. Valerian 3 grs.	65	3 00
Emmenagogue. { Ergotine, 2 grs. / Ext. Hellebore Nig. 1 gr. / Socot. Aloes. 1 gr. / Ferri Sulph. 1 gr. / Ol. Sabinæ. ½ gr. }	1 40	6 75
Fel Bovinum. { Ox-Gall. 2 grs. / Pow'd Jamaica Ginger, 1 gr. }	50	2 25
Ferri (Quevenne's) 1 gr,	50	2 25
Ferri (Quevenne's) 2 grs.	75	3 50
Ferri Carb. (Vallet's) U. S. P. 3 grs.	40	1 75
Ferri Citrat. 2 grs.	50	2 25
Ferri Comp. U. S. P.	40	1 75
Ferri Iodid. 1 gr.	65	3 00
Ferri Lactat. 1 gr.	50	2 25
Ferri Pyrophosph. 1 gr.	40	1 75
Ferri Sulph. Exsiccat. 2 grs	40	1 75
Ferri Valer. 1 gr.	1 00	4 75
Ferri et Quass. et Nux Vom. { Fer. per Hydrogen 1½ grs. / Ext. Quassia. 1 gr. / Ext. Nux Vom. ½ gr. / Pulv. Saponis. ½ gr. }	75	3 50
Ferri et Quin. Cit. 1 gr.	75	3 50
" " 2 grs.	1 40	6 75
Ferri et Strychniæ { Strychniæ 1-60 gr. / Ferr pr Hyrd. (Quevenne's) 2 grs. }	75	3 50
Ferri et Strych: Cit: { Strych: Cit: 1-50 gr. / Ferri: Cit: 1 gr. }	75	3 50

PILLS.

	PRICE PER BOT OF 100 EACH.	500 EACH
Gonorrhœa. { Pulv. Cubebæ. 2 grs. / Bals. Copaib. Solid. 1 gr. / Ferri Sulph. Exsic. ½ gr. / Terebinth. Venet. 1½ grs. }	$0 60	2 75
Hepatica. { Pil. Hydrarg. 3 grs. / Ext. Coloc. Comp. 1 gr. / Ext. Hyosciam. 1 gr. }	80	3 75
Hydrargyri. U. S. P. 3 grs.	40	1 75
Hydrargyri. Comp. { Mass. Hydrarg. 1 gr. / Pulv. Opii. ½ gr. / Pulv. Ipecac. ½ gr. }	75	3 50
" Iod. et Opii. (Richards.) { Hydrarg. Iodid. 1 gr. / Pulv. Opii. ½ gr. }	75	3 50
Iodoform et Ferri.	3 25	14 00
Ipecac et Opii. 3½ grs. (Pulv. Doveri. U. S. P.)	50	2 25
Leptand. Comp. { Leptandrin. 1 gr. / Irisin ½ gr. / Podophyllin. ½ gr. }	1 00	4 75
Lupulin 3 grs.	40	1 75
Opii. U. S. P. 1 gr.	80	3 75
Opii. et Camphoræ.	90	4 25
Opii. et Camph. et Tannin.	90	4 25
Opii. et Plumbi. Acet. { Pulv. Opii. ½ gr. / Plumb. Acet. 1½ grs. }	80	3 75
Podophyllin et Hydrarg. { Podophyllin ½ gr. / Pil. Hydrarg. 2 grs. }	50	2 25
Potass. Bromid. 1 gr.	75	3 50
Potass. Iodid. 2 grs.	85	4 00
Quiniæ Sulph. ½ gr.	85	4 00
Quiniæ Sulph. 1 gr.	1 40	6 75
Quiniæ Sulph. 2 grs.	2 75	13 50
Quiniæ Sulph. 3 grs.	4 00	19 75
Quiniæ Comp. { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. / Acid Arsenious, 1-60 gr. }	1 75	8 50
Quiniæ et Ferri, { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. }	1 75	8 50
Quiniæ et Ferri. et Strychniæ. { Quin Sulph. 1 gr. / Ferri. Carb. (Vallet's) 2 grs. / Strych. Sulph. 1-60 gr. }	1 75	8 50
Quiniæ et Ferri et Valer. 2 grs.	3 50	17 25
Rhei. U. S. P.	75	3 50
Rhei. Comp. U. S. P.	75	3 50
Rheumatic. { Ext. Coloc. C. 1½ grs. / Ext. Colchici. Acet. 1 gr. / Ext. Hyoscyam. ½ gr. / Hydg. Chlor. Mit. ½ gr. }	90	4 25
Santonin. 1 gr.	1 00	4 75
Zinci Valerian. 1 gr.	1 00	4 75

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Digitalin. 1-60 gr.	75	3 50
Elaterium. (Clutterbuck's) 1-10 gr.	95	4 50
Extract Belladonna (English) ¼ gr.	40	1 75
" Cannabis Indica. ¼ gr.	60	2 75
" Hyoscyamus (English) ¼ gr.	40	1 75
" Nux Vomica. ¼ gr.	40	1 75
Leptandrin. ¼ gr.	40	1 75
" ½ gr.	50	2 25
Mercury Iodide. ½ gr.	40	1 75
" " Red. 1-16 gr.	40	1 75
Morphiæ Acet. ⅛ gr.	75	3 50
" Sulphate. 1-10 gr.	60	2 75
" " ⅛ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ¼ gr.	1 10	5 25
" Valerianate. ⅛ gr.	95	4 75
Podophyllin. ¼ gr.	40	1 75
" ½ gr.	50	2 25
Potass. Permangan. Chryst. ⅛ gr,	50	2 25
Quiniæ Valerianate. ½ gr.	2 00	9 75
Silver Nitrate. ¼ gr.	75	3 50
Silver Iodide.	75	3 50
Strychnia, 1-20, 1-40 and 1-60 gr.	40	1 75

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures.

A LECTURE ON DIARRHŒA: ITS DIFFERENT FORMS AND THEIR MEDICAL MANAGEMENT.

By A. P. Dutcher, M. D.,

Late Professor of the Principles and Practice of Medicine in the Cleveland Charity Hospital Medical College, Ohio.

PART FIRST.

THE DIFFERENT FORMS of DIARRHŒA.

Diarrhœa is commonly defined by medical writers to be a frequent and copious discharge of feculent matter by stool, accompanied by gripings, and often at first with a slight degree of vomiting, but unattended either by inflammation or fever, and assumes various forms, among which may be named:

(1.) Simple Diarrhœa.
(2.) Bilious "
(3.) Mucous "
(4.) Choleraic "
(5.) Camp "
(6.) Phthisical "

I. Simple Diarrhœa.

In this form of the complaint, as it occurs in this climate, there is unnatural fluidity or excess of fecal excretions, in which the dejections are healthy in character, but in excessive frequency or fluidity; in some instances very large quantities are discharged without any special annoyance, but on the contrary with relief to the individual. This form of diarrhœa is usually the result of overloading the stomach and bowels with irritating and indigestible food. The gastric juice cannot dissolve it, therefore it passes into the intestines in a crude state, and there excites pain, irregular peristaltic action, and flatulent distension of the abdomen. When the offending cause is suffered to continue for some time, the countenance of the patient has a haggard look, the complexion is sallow, the tongue furred, the pulse compressible, the head frequently painful, and the sleep often disturbed by motions from the bowels. Considerable soreness is at times experienced in the course of the large intestines, and tenesmus from irritation of the mucous membrane of the rectum. In other cases the irritation thus manifesting itself in the intestines extends to the stomach, and vomiting is associated with the diarrhœa. These symptoms commonly speedily give way, and the patient is restored to his usual health. This form of the disorder rarely becomes chronic.

II. Bilious Diarrhœa.

This is also produced by irritating substances accumulating in the intestines, but not from without, but from the liver, and perhaps other glands, the pancreas in particular. In this case the secretion from the liver is either excessive in quantity or irritating in quality. The contents of the bowels are hurried onward, and there are frequent dejections of bilous matter. The causes of these evacuations are various, and not unfrequently the derangement of the liver is secondary to an irritable condition of the intestine itself, caused by excessive stimulants, especially ardent spirits. Wet and cold, particularly in the autumnal season of the year, will produce the same effect. The symptoms of this form of the disorder are somewhat similar to that of the first, but there is frequently less pain, unless the disease become aggravated, or transmuted into dysentery, when the tongue becomes furred, the complexion sallow, the pulse rapid, the skin hot and dry, and the abdomen painful. This form or diarrhœa is occasionally epidemic, attacking considerable numbers exposed to similar exciting causes. When the disease is very severe, attacking a person suddenly, and attended with colic or spasmodic pains, in the abdo-

men or legs, and especially with vomiting, it constitutes cholera morbus, and often leads to the greatest prostration of the vital powers, and if not promptly arrested, terminating the patient's existence in a very short time.

III. Mucous Diarrhœa.

In this form of the disorder the dejections proceed from the mucous membrane of the larger intestine, which is usually in a state of irritation or congestion bordering upon inflammation. The evacuations from the bowels, in this case, are watery, mucous, and feculent. They are rendered such by the universal secretion from the whole mucous membrane. When this state exists it may continue for several days, or even for a longer period. In some instances the dejections are very frequent, and if the rectum be affected considerable tenesmus is present. The pain and fever are commonly slight, but the strength is reduced, and the patient is unable to attend to his avocation; the tongue is clean, the pulse compressible, and it sometimes happens that the bladder becomes irritable, and strangury ensues. It is this form of diarrhœa that is apt to become chronic if neglected or improperly treated.

IV. Choleraic Diarrhœa.

The dejections of individuals suffering with choleraic diarrhœa are thin and very abundant. They are very often alkaline in character, and consist of epithelial cells, and nuclei in various degrees of developement. When the patient succumbs to the disorder, the intestinal mucous membrane is usually found entire, somewhat injected or very pale, with marked enlargement of the solitary and Peyer's glands. This morbid condition of the membrane is often observed in children who have died with cholera infantum, particularly if the disease has been of long duration. This condition is also present in the serous diarrhœa of our standard medical authors. It is likewise observed in some forms of renal disease, in connection with a dropsical condition of the mucous membrane, when large quantities of serum are discharged from the overcharged capillaries. The condition of the mucous membrane of the intestinal tube now described, is analogous to that of œdema of the lungs, and anasarca of the cellular tissue in some forms of heart disease. In relieving general dropsy we often seek to produce copious serous evacuations from the bowels by the administration of powerful hydragogue cathartics. In renal dropsy the occurrence of serous diarrhœa is a favorable circumstance. Much urea and uric acid are eliminated with the dejections, greatly to the relief of all the vital organs of the body.

V. Camp, or Soldiers' Diarrhœa.

This disorder has some features quite different from those forms of the disease just described. At the commencement of the rebellion just closed, this malady was very prevalent in our armies. Officers and men suffered alike with it, and in some departments of the service it was more fatal to our men than the bullets of the enemy. During the first two years of the war diarrhœa and dysentery constituted more than one-fourth of all the cases of disease reported in our armies, and next after the camp fever, they were the chief causes of mortality from disease. The total number reported the first year was 215,214, with 1194 deaths, during the second year 510,461, and 10,366 deaths; the total 725,675 cases, and 11,560 deaths *

Although this disease is called diarrhœa, yet this symptom is but one among many, and constitutes but a small part of the malady. The disease is almost always preceded by a constipated condition of the bowels; after this, they become relaxed. There may or not be symptoms of fever at first; a yellow and brown fur upon the tongue; skin and eyes yellow; urine very high-colored and scanty; general tenderness of the abdomen, and a sensation of fulness in the region of the liver and stomach. As the disease advances, the patient's appetite fails, and he often vomits his food. By degrees, if the disease is not checked, he emaciates, his strength fails, a low muttering delirium comes on, attended with hiccough, a cold clammy skin, hurried breathing, and an irregular pulse, when death emancipates the patient from his suffering.

In very many instances, however, the disease became chronic, and the individual suffered for months with a wasting diar-

* Circular No. 6. War Department Surgeon General's Office, p. 118.

rhœa, in spite of every effort that was made for his relief. So far as my observation extended, the disease was attended with little pain. The patient generally had a voracious appetite, and craved the most indigestible articles of diet; which, if allowed, only aggravated the disease, and rendered it more difficult to manage. Few of the grave cases of the chronic form ever recovered. The slightest error in either eating or drinking would bring on a relapse, and between getting better and worse, they gradually fell victims to the disorder.

The pathological lesions of camp diarrhœa are very few. In some cases the intestinal mucous membrane shows little or no deviation from a normal state. In others, it may be found congested, thickened, ecchymosed, and ulcerated. In severe cases of the chronic form, the colon and rectum are sometimes coated with a yellow or greenish-yellow pseudo-membrane, rarely extending to the small intestines. "The examination of properly prepared sections show it to be composed of innumerable round cells (lymph cells, pus cells) held together by an adhesive granular matrix, more or less resembling coagulated fibrin. With such sections, there is no difficulty in tracing the origin of the membrane to a rapid multiplication of the epithelial cells and superficial connective tissue corpuscles of the diseased mucous membrane."*

Besides these structural changes found in the intestinal mucous membrane, others are frequently discovered in other parts of the body. Thus, the lungs are sometimes congested and tuberculous, and the air-passages lined with a false membrane similar to diphtheria; waxy and granulated kidneys; softening and abscesses of the liver, sometimes of great size; embolism or heart-clot; enlargement of the spleen; softening of the brain, and ulceration of the cornea.

VI. Phthisical Diarrhœa.

The diarrhœa of phthisis almost always depends upon ulceration of the small intestines and colon. These ulcers usually commence in the mucous follicles of the small intestines, and when in the large intestines, they occur in the same manner, but when once begun, the ulcerating process extends itself indefinitely to the surrounding mucous membrane.

These ulcers are commonly produced by the deposit, softening, and expulsion of tubercular matter; and in most cases, the entire process is accomplished without any very marked symptom of inflammation. These tubercles are mostly of the miliary form, very small, not more than one-sixteenth of an inch in diameter. They usually have an opaque cheesy appearance, and when we examine them minutely, we find that they are composed of immense numbers of granules of fat and withered nuclei; in others, we find the centre is semi-fluid, softening down; while in others still more advanced, we find that the slight covering of the mucous membrane has given way, and a small ulcer is formed, with a depression in the centre, and an irregular excavated margin.

At the base of these ulcers, immediately beneath the peritoneum, are sometimes found minute tubercles, arrayed in nearly the same form as we find them in the lungs, and by softening and expulsion, they increase the magnitude of the ulcer. We do not, however, find these ulcers always presenting the appearance just described. Not unfrequently we find the mucous membrane raised, presenting a swelling about a fourth of an inch in diameter, and on making an incision into it, it is found to contain pus, and present the appearance of a common abscess in the mucous membrane.

A very fortunate thing connected with these ulcers is, that they seldom perforate the intestines. I never met with but one case of this kind; it was that of a young woman who had been suffering with pulmonary tuberculosis for more than a year; diarrhœa was one of the most troublesome symptoms. One morning, just after rising, she was suddenly seized with an agonizing pain in the region of the cæcum. She speedily collapsed, and died in thirty-six hours. A post-mortem revealed a small perforation in the colon, about an inch above the cæcum.

In some cases of diarrhœa attending phthisis, we find it alternating with constipation. I attended a case not long since where this state of things occurred.

* Circular No. 6, page 124.

For some days the bowels would be very much relaxed, and could be scarcely restrained by the most active measures Then, again, they would become costive, swollen, and painful, and would not move for days without physic. In this case, the disease was confined more to the peritoneum than to the mucous membrane of the intestines. This was manifest at the post-mortem, for that membrane was extensively studded with miliary tubercles, and there was considerable serous effusion in the cavity of the abdomen.

This is a fact in diagnosis worthy of being remembered. Where we have such alternations in the condition of the bowels during the progress of phthisis, attended with tenderness on pressure, tympanitis, and pain on deep inspiration, we may, as a general thing, suspect more or less tubercular and inflammatory disease of the peritoneum, which is a sad complication of pulmonary tuberculosis, and one that greatly adds to the sufferings of the patient.

[To be continued.]

Communications.

RARE CASE OF MIDWIFERY.

By H. H. Lowrie, M.D,
Of Plainfield, N.J.

The following remarkable case of midwifery chanced to come under my observation while practising in Washington City, D. C., and thinking it worthy of note, I give you a brief sketch of it.

Mrs. L. D., æt. 32, the mother of three fine healthy children, was taken with labor pains December 30th, 1863, at noon; and as she had generally got along without a doctor, she did not send for one at this time. The membranes were ruptured after a few pains, and the liquid amnii passed off in large quantities. The day passed by, and night came, but with no prospect of delivery, although the pains were still violent. The night passed, but there were yet no signs of the birth of the child.

December 31st dawned and declined without delivery; and at noon of January 1st, 1864, I was summoned to her. I found her lying upon her bed, very much prostrated from the pains and want of sleep; pulse quick, and countenance ghastly. I ascertained that her bowels and bladder had been emptied regularly up to the time of labor-pains coming on, and that she had enjoyed perfect health up to that time.

I made an examination, and at once discovered the left shoulder presenting. Between the pains I endeavored to introduce my hand, but without success. A few moments after this the arm and hand of the fœtus protruded. You may imagine what a case I had to deal with; membranes ruptured forty-eight hours before, waters all discharged, and the uterus still contracting powerfully. I immediately administered chloroform, until the whole body seemed relaxed, and the uterine pains somewhat checked. I now returned the prolapsed hand and arm, and endeavored again to find a foot. It was impossible. The pains had continued for such a length of time, *without intermission*, and the child was so packed down between the pelvic bones, that the introduction of the hand was impossible. Thinking nature could do no more than she had done, I dispatched a messenger for my old friend and constant adviser, (now the late) Dr. S. C. Smoot, asking him to bring his Obstretrical Instruments, but the message being miscarried, the doctor came empty handed. I again administered the anæsthetic, and Dr. S. made an attempt to introduce his hand. After *an hour* passed in the trial, the Doctor was compelled to desist, with no better result than my previous one.

Our only resort now was evisceration, and this we agreed upon at once.

I remained with the patient, while Dr. S. returned for his instruments; but before his return, (which could not have been more than forty minutes), the child was passed into the world, a sight to behold! Version *did not* take place, but it advanced with every pain, the sternum gave way, and the chin and face of the child were buried into the thoracic cavity, and in this condition was delivered. We took the child afterward, and *folded* it in exactly the same manner in which it was passed into my hands, and the measurement

was *about one-third more than the measurement of the head of an ordinary fœtus at birth!*

The child was *dead*, of course, and had been hours before we saw it, as we told by the appearance of the prolapsed hand and arm.

This case shows not only the powerful contraction of the uterus, but the wonderful strength of the woman, and the determination of nature to deliver unaided.

I do not hesitate to say that the administration of the chloroform was a great adjuvant to the case. It is true, we gave it for the purpose of quieting the pains and allowing us to introduce the hand, and if possible, turn the child; but as we were frustrated in that, the rest, and relief from pain for an hour, was considered ample compensation for the administration. She awoke as from a sound sleep, and seemed very much refreshed.

More than ordinary care was taken in the treatment, the days that followed; not a single bad symptom appeared; and at each daily visit I found her better and stronger, and in twenty days she was out of bed. Complete recovery followed, and I have frequently seen and prescribed for her since. Obstetrical writers tell us that this presentation *is not followed by delivery* WITHOUT THE AID OF ART.

A celebrated obstetrician of Dublin issued an essay in 1811, explaining the process of "*Spontaneous Expulsion of the Fœtus,*" but in all the cases noted by him, the child was carried down into the pelvic cavity, and there "*spontaneous evolution*" took place, and the *feet* came down, and the remainder of the labor was terminated as in an ordinary footling case.

—— A gentleman obtained a vial of medicine, to be taken internally, from a Fourth Avenue N.Y. druggist the other day. As he was about to give his wife a dose, he smelled it, but not liking the odor, took the bottle back to the druggist, who coolly informed him that two drops would kill the strongest man. The Board of Health was notified of the occurrence.

—— A quack doctor was egged from Findlay, Ohio, a few days ago.

SOME OBSERVATIONS ON OUR INDIGENOUS MEDICAL FLORA.

By Abrm. Livezey, M.D.,

Of Philadelphia.

1. Calendula Officinalis; the Flowers.

In my various perusals of the United States Dispensatory, I have been so frequently and forcibly impressed with the importance of a better knowledge of the therapeutical value of several of our indigenous plants, that I am induced at last to call the attention of the profession to them through the columns of a medical journal, that will disseminate the information, by its large circulation, as widely as possible; and further hope that other journals may extract the practical points from these articles, if I can convince them that they contain any merit.

Early following the advice of the valedictorian, so frequently given to the graduating classes of the colleges in this city, to "publish to the profession, any discovery or improvement in medicine or surgery, that you may be so fortunate as to make," I have from time to time endeavored to perform my duty in the great work of medical progress, and have been pleased to test new medicines and accept new truths whenever found; and after nearly a quarter of a century, I look back with a proud satisfaction that I was not *born in* the profession a bigot, but was taught by Prof. J. K. Mitchell, to believe that medicine, in its broad sense, was a progressive science.

Having occasion very recently to purchase the last edition of the United States Dispensatory, I turned to "calendula officinalis," the flowers of which I had used in tincture, for many years, to the exclusion of arnica, with such gratifying success; and I find it there stated by Prof. Wood, 'that this well known garden plant was *formerly* much employed in medicine." That at one time, "it was *thought* antispasmodic, sudorific, deobstruent," etc, and concludes by saying, "at present marygold is very seldom, if ever, used in regular practice."

If such is the fact, I can only say, that it is a great pity to suffering humanity, as I hope very briefly to show.

Thirteen years ago, a graduate student of mine commenced using a *whisky* tincture of the flowers of this plant, in the Western Dispensary of this city, in contused and lacerated wounds, as well as in petty cases of minor surgery; and he found it, properly diluted, a very superior application.

From his high encomiums, I immediately supplied myself with a large quantity of the tincture—made by filling a jar, loosely, with the flowers, and covering them with diluted alcohol—to be prepared to test its value in the next case of wounds of any kind.

Since that period—over twelve years ago—I have had occasion to treat a large number of cases of incised and lacerated wounds, such as cuts from scythes, axes, etc.; hands and fingers torn by machinery; quarry-men's feet contused and lacerated by the impinging of heavy stones; hairy scalps rent by falls from a height, or through the medium of the *shillalah*, as well as in various operations in minor surgery; and I have *invariably* found this tincture to exert a peculiar curative influence—preventing inflammation from springing up, (and consequently suppuration), and disposing the parts to unite by first intention. To repeat, in a measure, I have yet to see, for the first time, *any inflammation* even, much less erysipelas, suppuration, gangrene, or tetanus, to follow the application of the tincture of calendula to the wounded parts, after they are washed, adjusted and held in proper juxtaposition. It is only necessary to apply to the wound a piece of surgeon's lint, three or four fold, or fine old muslin cloths, saturated with the tincture—generally diluted with as much water—with directions to keep the same constantly wet.

Old physicians and surgeons who think that all is due from cold (or warm) applications and moisture, or who believe that no more benefit can be obtained from any other agent than from water, whisky and water, arnica tinct. diluted, solution of acetate of lead and opium, sol. mur. ammonia, etc., have but to *try* the tincture of the flowers of this indigenous article to convince themselves of its superiority, as did an old and experienced veterinary surgeon, an intimate friend of mine.

I called his attention to this tincture, as possessing some peculiar sanative property in flesh wounds, and desired him to test its value, as he had abundant opportunity so to do, in his professional routine; as cattle were continually being gored, horses kicked, or their flesh lacerated from accidents, runaways, etc. He at first poh, pohed, at my suggestion, saying, as all surgeons are wont, that approximating wounds, keeping them clean and cool by water dressing, was all that could be done, adjuvantly, whilst the healing process was nature's prerogative. So it is, I admitted, of course, but if we can apply an agent that will keep "the cold out," or prevent inflammation from ensuing, will not old dame Nature effect a cure much sooner than otherwise? However, he took a quart of my tincture, and in a few weeks, he called to see if I had a pound of the flowers to spare, for he had convinced himself already, there was *something good* and peculiar about the marygold after all, prejudice notwithstanding: For, said he, "the worst lacerations I now meet with no longer pout, inflame, swell and tear out my sutures, but the parts look fresh, even whitish, and citatrization seems to commence at once, either by *first intention*, or if by granulation, there is no accompanying suppuration."

But it may be said after all, "what evidence have we that the same happy results might not have ensued, in those cases, from the usual applications of solutions of lead and laudanum, or the simple water dressing, or at least from the tinct. of arnica diluted?"

In the first place, I answer, that for ten years previously, I had used these various remedies, and too often witnessed suppuration and sloughing and putrescency; and secondly, I have tested these latter applications and the tincture in the same cases.

1. A distinguished surgeon of this city performed an operation for me, and advised the sutured part to be kept wet with a strong dilution of Goulard's extract of lead. The parts became in a day or two much swollen, inflamed, very painful and sensitive under this solution, and I resorted to my favorite dressing—lint saturated with tincture of calendula. Ease

and comfort speedily followed this application, inflammation and swelling promptly subsided, and the poor sufferer would invairably exclaim, "oh! how good that feels," at every renewal of the dressing.

2. In a row among some firemen, an engine passed over the inferior extremities of a young man, entirely severing the *tibialis anticus* muscle of the left and the *extensor longus* of the right. Owing to the contraction of the severed muscles, a formidable looking wound was presented. Four sutures were required to unite the divided parts properly. In this case the healing virtues of calendula was tested, by applying lint saturated with the tincture as above, to the worse of the two, whilst the other was dressed secundum artem. The former was entirely healed in two weeks, while in the latter over six weeks elapsed before perfect union was effected—thus presenting an ocular demonstration of the superior curative power of the calendula.

3. A boy driving a mule team was thrown from his seat, and in addition to a cut from a kick in the face, a wheel passed over his head, *shoving* down a portion of the hairy scalp from forehead to crown. I washed the part from sand, etc., drew the integuments together by three sutures, dressed the wound with the tincture, applied a compress, roller bandage, and left the case with orders to keep the parts constantly wet. In ten days union had taken place without suppuration.

4. A man, æt. 75, fell from a height and slit his scalp four inches in length, producing a lacerated wound. No inflammation followed the treatment as before. S. W. had the ends of his fingers badly torn by machinery. The lacerated parts were trimmed somewhat, the diluted tincture applied and they were speedily well.

Cases might be multiplied without number from my case book, but I deem the above sufficient for the object in view, viz., to induce the profession to try the flowers of this plant, and satisfy themselves that there is some peculiar property in them, that adapts the tincture to wounds and operations of all kinds, and saves—invariably saves—any subsequent inflammation, suppuration and consequently poulticing.

Medical Societies.

CLARK COUNTY (Ill.) MEDICAL SOCIETY.

At the last quarterly meeting of this association, July 1st, 1868, at Marshall, Illinois, Dr. F. R. Payne read a paper on Criminal Abortion and Advertisements, in which he gave much statistical and other information on this subject. He read some extracts from the "Philadelphia Medical and Surgical Reporter," on this subject, and urged all physicians to subscribe for that *valuable weekly journal*. He said, "The subject of criminal abortions is worthy the consideration of our National, State, and County medical societies. We ask the members of this Society, if they have not often been importuned, and large fees offered, if they would procure abortions, and thus hide the shame of unfortunate young girls. Every physician should resolve not only to discourage this crime, but in all cases where the evidence is positive, expose irregular doctors, druggists, and female accoucheurs who engage in the business. Every true physician should be upright, just, and honest, and thus secure an honorable position among all good citizens." He further stated, that the country was flooded with *journals*, *reviews*, and *circulars*, in which plans were proposed by which conception could be prevented, and abortions procured without danger to the female. He wanted it distinctly understood by all, that the medical profession was opposed to those who thus operate and aid in depopulating the earth.

This subject was fully discussed by most of the members (fifteen being present), after which, Dr. Mitchell offered the following resolution, which was unanimously adopted.

Resolved, That a committee of one in each township be appointed to report, at the next meeting, all cases of abortion, whether *procured* or *accidental*, and, so far as possible, ascertain the cause.

Many other subjects were discussed, and the best of feeling prevailed.

J. R. Patton, *Secretary*.

Sulphate of Manganese in Chorea.

Dr. Hammond (*N. Y. Med. Gazette*) mentions two cases of chorea treated by him with this remedy after other treatment had failed. One was a girl, fourteen years old, who took five grains three times a day; the other a boy of fifteen, who used the iodinized cod-oil in addition. In the girl, iron had disturbed the head and stomach. The therapeutic action of the two articles is said to be analogous, as they both exist in the blood, which contains, in an adult, 16 grains of iron, and 10.5 of manganese.

Editorial Department.

Periscope.

Treatment of Cicatrix after Burning.

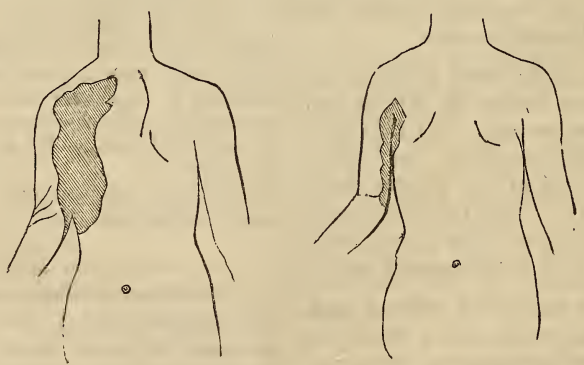
Dr. J. Fayrer, F.R.S.E., Senior Surgeon, Medical College Hospital, and Professor of Surgery, Calcutta, publishes the following cases. (*Lond. Med. Times and Gazette*, April 11, 1868.)

Case 1. Kanimee, a Hindoo girl aged five years, was admitted into the Medical College Hospital on November 26, 1866, with an extensive cicatrix, the result of a burn two years before. The cicatrix is situated on the upper and anterior part of the right side of the thorax and on the right arm, which is drawn down and tied to the chest, to within two inches of the elbow. The contraction is said to have taken place very gradually, and the arm is now all but useless. The forearm is also somewhat contracted on the arm by a part of the same cicatrix, which occupies the aspect of flexion. The burn was caused by the child's clothes catching fire. She is in good health in all other respects.

On December 12 I removed the cicatrix. It was divided up to the axilla, and the arm drawn away from the side. Great part of the cicatrix tissue on the arm and thorax was dissected away, and the edges brought together on the inner side of the arm and on the thorax. Horse-hair sutures were used for this purpose. The wound was very large, and the loss of blood considerable from oozing from small vessels; only one ligature was required. The cicatrix itself was dense and firm, like the firmest fibrous tissue. There was no untoward occurrence after the operation. The child had slight fever, and some of the sutures cut themselves out from the tension of the stitched edges of the wound, but by careful dressing the wounds united, and, when complete healing had occurred, the arm was almost restored to its natural power of motion; a slight contraction where the two wounds met in the axilla was all that remained. She was discharged on March 20, with a most useful arm. The parents would not let her remain any longer, or I should have removed that portion of the cicatrix which contracted the elbow-joint.

Remarks. It is very desirable to remove as much of the cicatrix as possible in the treatment of these cases, especially of the central and firmer portions of it, where the tissue has lost all resemblance to skin, and assumed that of dense fibrous tissue. The edges of the wounds caused by the removal of the cicatrix being brought into union, it is very improbable that contraction to the same extent can recur; everything depends on careful dressing after the operation, to prevent the granulating surfaces from coming into apposition, where they would certainly unite, and to prevent contraction from altering the line of union during the process of healing. Passive motion of the limb or contracted joint is very necessary for some time after repair is perfect, and the inunction of some oily embrocation tends to expedite the restoration of motion to the joint and pliancy to the tissue.

Fig. 1.



After the operation.

Case 2. A Mohammedan, aged 36 years, was admitted on September 5, 1867, with an extensive cicatrix binding the right arm to the thorax,

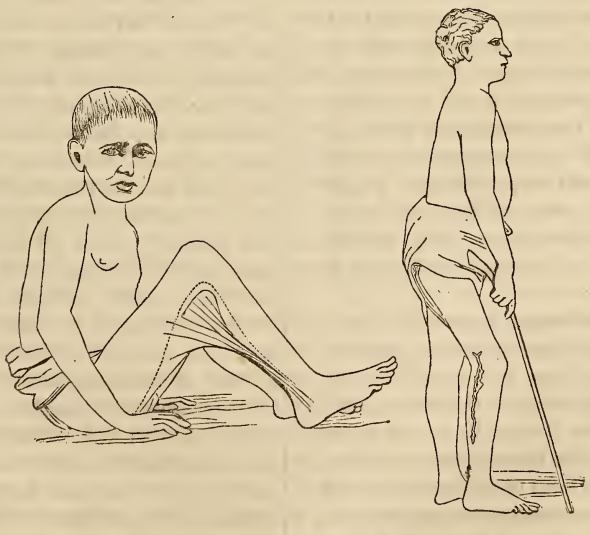
and partially flexing the forearm on the arm. It was the result of a burn from the dress catching fire when he was an infant of a year old. The cicatrix was very rigid and tense, and prevented use of the arm. On the posterior aspect, it presented an ulcerated surface, with all the appearance of epithelioma, which was confirmed by microscopical examination. The ulceration commenced about two years ago, and has never healed, but is slowly spreading. In other aspects the patient was in good health, and expressed an anxiety to have an operation performed for his relief.

On September 16, I dissected the cicatrix and the epitheliomatous growth entirely away—that is to say, I removed all the rigid and fibrous portions of the cicatrix. The operation was a formidable one, and about twenty-five ligatures were needed to control the hæmorrhage. The raw surface exposed was very large. I brought the edges together, where they could be united without excessive tension, and dressed them carefully, with the view of supporting the parts as much as possible. The wound slowly healed, and as soon as passive motion could safely be resorted to, it was practised with the view of keeping the new cicatrix from contracting. He was discharged on January 15, 1868, vastly improved, and much pleased with the results of the operation. The motion of the limb was almost perfectly restored.

Case 3. On April 17, 1867, a Bengalee lad, about 18 years of age, named Russick, was admitted into the Medical College Hospital, with his right leg much contracted at the knee-joint, the result of cicatrization of a burn inflicted when he was a child. The limb was wasted, both leg and thigh being smaller than the left leg and thigh. The femur seemed smaller, and the knee was more pointed than the other. He walked with great difficulty, and was quite a cripple. From the middle of the posterior aspect of the thigh to the lower third of the leg there is a dense band of firm cicatrix tissue, which is peculiarly hard and rigid; around it the cicatrix is soft, and more like true skin. The leg remains bent at right angles, beyond which it cannot be extended. He is a melancholy, depressed-looking lad, and was much out of health when admitted.

On May 6, his health being much improved, I operated for the removal of the cicatrix. I made vertical incisions on either side of the cicatricial band, and dissected it entirely away, removing a considerable portion of the cicatrix tissue on either side of it. I then raised the integument, and brought it together in the median line with sutures. He was under the influence of chloroform, and bore the operation well. The loss of blood was not very great, though the oozing was considerable. I found that I could extend the limb considerably, but not perfectly, after the

Fig. 2.



operation; but I kept it in the flexed position, to allow the wound to heal more rapidly, and secured it in that position on an angular splint.

May 7. Has no fever; appears to be doing well. The wound gaping a little, I put in a few horse-hair sutures between the wires.

10th. The wound is healing. He has no fever, but he continues in a sullen and depressed condition.

12th. Doing well, in better spirits; wound healing to a great extent by first intention. In some places the sutures have cut themselves out, and the wound gapes, but is granulating healthily.

June 6th. He is doing very well; wound nearly healed; he walks about; the leg much more extended. I have ordered daily extension on a McIntyre's splint, and passive motion of the joint once in the day.

27th. The wound has almost entirely healed, and his leg is nearly straight. He is now in good health and spirits, walks with a stick, and is rapidly gaining the use of the limb. The atrophied muscles appear to be gradually regaining their vigor.

29th. He was discharged at his own request, and the foregoing photographs show the amount of benefit derived from the operation. The dotted line marks the course of the incision.

Remarks. In cases like the present, where a limb is contracted and tied dawn by the cicatrix, it is satisfactory to know that a surgical operation may give great relief. It is necessary, I believe, to dissect away as much as possible, of the most rigid part of the cicatricial band, and to bring together the edges of the wound. It is not to be expected that adhesion will result throughout the whole extent of the wound, but portions unite by granulation, and the remainder by adhesion. If the subsequent dressing be carefully managed, the success is sometimes more than one could hope for, and if passive motion be carefully practised when the wound is healed, the movements of the limb, which has been contracted since infancy, may be in a great measure restored.

I have in a former notice remarked on the tendency of these old cicatrices, when exposed to irritation, to degenerate into epitheliomata. I think there can be no doubt that they have this tendency at or after the middle period of life, if not earlier; and I also believe that they offer an example of that doubtful or doubted pathological phenomenon—the spontaneous occurrence of a disease of a truly malignant character, the result of a degeneration of the adventitious although homologous tissue of the fibrous structure of which the cicatrix is composed.

The second case here related seems to be an illustration of the conversion or degeneration of an old cicatrix into an epithelioma.

Inversion of the Uterus.

Dr. Tyler Smith read the notes of two cases of Inversion of the Uterus before the Obstetrical Society of London. (*The Lancet*, Feb. 29, 1868.) After a few words on the rarity of this formidable accident, Dr. Smith proceeded to relate the two cases which had fallen under his observation.

In the first case, which occurred in the practice of Dr. Norton, of Bayswater, the author was summoned about two hours after the accident. The placenta had been separated, and the uterus returned into the vagina. No unusual traction had been exerted on the cord. The uterus was suddenly inverted a few minutes after delivery. Efforts had been made to reduce it in vain. The patient was in a state of collapse from the shock and loss of blood. The pain had been excruciating. The patient was placed under the influence of chloroform, and, by the process of squeezing and upward pressure, re-inversion was effected. Dr. Tyler Smith pointed out that in such cases the danger of separating the uterus from its pelvic attachments by the necessary upward pressure should be guarded against. With the left hand the inverted uterus was steadied through the abdominal walls, while the organ was manipulated with the right hand. The patient make a tedious recovery.

The second case occurred in the practice of Dr. Walter Bryant, in a forceps case, at which the author was present. The inversion occurred suddenly, before any attempt was made to remove the placenta, and while the author had his hand over the fundus uteri. The patient had been delivered while under the effects of chloroform, and had not recovered sensibility. A little more chloroform was administered, the placenta was carefully peeled off from the uterus, to reduce the size of the inverted mass, and the organ was then easily replaced, the patient having known nothing of the accident. In remarking upon the cases, Dr. Tyler Smith dwelt on the severity of the shock produced by inversion, and by the spasmodic strangling of the uterus by the os and cervix; and insisted on the necessity of prompt reduction under chloroform. He looked on the accident as caused, in a majority of cases, by an active reversed peristaltic action of the uterus, tracing its similarity to intussusception

of the bowel, and its relation to hour-glass contraction and encysted placenta.

A New and Effective Method of Treating Phthisis Pulmonalis.

Dr. Carl Both, Boston, Mass., has written a monograph, in which he pronounces the curability of consumption with the greatest confidence, through *artificial calcification*. It is a practical application of the cellular pathology, announced by Virchow; and the author's theories may be given in his own words:

"As a nation consists of millions of single individuals, each holding a superior or inferior position, each dying and being replaced without injury to the whole, so is our body a commonwealth of cells, each of which has its office; each may die and become replaced by another. As a statesman watches over each individual, and tries to improve each for the benefit of the whole, so the physician should know all cells of the body, their office, and their place. He should cause their removal in case of unfitness or decay, and prevent such cells as do not fit its general structure from entering the body."

The cells composing our body live and are sustained by the food we eat, and if we cut off our food, we cut off the nourishment of the cells. By giving different food, different effects on the cells are produced. The blood requires lime for calcifying displaced or degenerated cells by depositing that substance in them.

He wishes it to be understood, that tubercles in the lungs are composed of, and originate from, blood globules which have escaped out of the general circulation, through the bursting of an obstructed capillary vessel. That this obstruction takes place where the respiration is suppressed. From this the conclusion is drawn that tubercles can nowhere originate in the lungs, except in those parts where respiration has been oppressed or has ceased.

The natural healing process consists in the calcification of the diseased part, so that they appear as if made of chalk, though the original cells and tissues can yet be detected by the microscope. It is evident, therefore, that in such cases, the blood must have been able to furnish a considerable quantity of lime, to provide for the calcification of the decayed parts. His treatment is divided into three sections, each of which finally support the other in their effects:—

1*st*.—The *extension and cleansing of the lung by pressing air into it*.

2*d*.—The *introduction of lime into the blood* in sufficient quantity for the calcification of the tubercles; and the *purification of the blood by higher oxidation*.

3*d*.—The *determination and regulation* of a diet to suit the particular form and degree of disease.

The direct treatment of the lungs consists in pressing the air into them by natural inspiration, powerfully stimulated by certain muscular exercises which are calculated to effect this object. If, in the case of a collapsed lung and chest, the pressure of air in the lungs is increased, that organ and the thorax will necessarily be extended; and the air will pass gently and gradually into the small bronchi. The air vesicles and obstructed bronchi being opened, the pus and mucus contained in them will be expelled by the increased ciliary motion, by the revolving air, and by the action of the cough. At the same time the capillary circulation will be increased, diosmosis of the cells renewed, and many of them rescued from fatty degeneration and decay.

To increase the nervous action of the lung, and to produce at the same time an increased pressure, tension of the respiratory muscles must be resorted to, as a pumping force on one side, and as an irritant on the respiratory nerves by reflex irritation on the other.

To demonstrate the result the following practice will be found of service: Let a person rest the whole of his weight on the ends of his toes and fingers in a horizontal position. He will find, on rising, that he must take larger and more forcible inspirations than were otherwise possible. By means of the forced inspiration effected in this way, air is driven into the diseased part of the lungs, and distends them in consequence.

The treatment of the blood consists, first, in purifying it from those substances which cause the profuse perspiration. The food is divided into two classes, respiratory and plastic. The first is that which contains no nitrogen. The second is that which does contain nitrogen, and which replaces the materials consumed by the action of the body.

The treatment of the blood consists, second, in the introduction of *phosphorus* and *sulphur*.

Having provided for the introduction of sulphur and phosphorus into the blood, we are, third, to obtain a sufficiency of *lime*, *silica*, and *magnesia*.

These materials are abundantly found in the hulls of oats, barley, wheat, and rye; but in the early stages of the treatment these cannot be readily digested. Extracts of herbs and plants,

known to be rich in these three substances, such as *Triticum repens*, *Achillea Millefolia*, *Marrubium vulgare*, *Leontodon taraxacum*, &c., serve as a proper substitute. The general rule for the administration of food, in every case, should be the following: to adjust the quantity given to the amount of oxygen to be absorbed. For *respiratory* food, make use of whey, freshly made of boiled milk, from which the caseine has been separated by adding a little cream of tartar; malt sugar, honey, fresh butter; in the spring and summer, milk, after it has become thick by the formation of lactic acid. For *plastic* food give Liebig's extract of meat, when the digestion is very bad! Raw meat, chopped fine, given in the form of a salad, is excellent. When the digestion is good, beef, mutton, game, and fresh fish, are the best articles of food.

The bread should be made of rye meal and corn flour (not sifted too finely). Sago, cracked wheat, farino, rice, corn and oatmeal, tomatoes, and all kinds of fresh and acid fruits, may be given as the case requires it.

A detailed statement is added of the history and treatment of twenty-one patients, between the ages of nineteen and forty-seven, who have been benefited, or entirely cured; with the exception of those who had diseases of the bowels. The author believes that by following the method described, every tubercular affection of the lung can be arrested without fail—only there must not be large open caverns.—*N. Y. Medical Record.*

Labor During Sleep.

Dr. Wendell Case, of Chicago, narrates (*Am. Jour. Med. Sciences*) the case of a primipara of 21, a well developed brunette from the south of France, who had the head of the child wholly expelled during profound sleep. In less than twenty minutes, the secundines had passed off, and the uterus contracted with scarcely any pain. She said she had dreamed something was the matter with her, and awoke with a fright, probably the instant the head was expelled.

Twice since, she has been confined, he learns, with the usual labor pains.

Treatment of Infantile Erysipelas.

Several European journals have recently spoken in high terms of the treatment of infantile erysipelas by the use of the warm bath. The temperature of the bath should be at about 85°, and hot water should be gradually added after the child is immersed, until the temperature is 105°-110°. At the end of ten to thirty minutes, according to the age and strength of the child and the effects exerted by the bath, the child is removed and wrapped in a warm cloth for one or two hours. Generally the child sinks into a quiet slumber after the bath, but if it remains wakeful nothing is required but to give it by teaspoonfuls cool water from time to time. This treatment has had excellent results in Stockholm and Strasburg, and spares the little sufferers the nauseaous drugs too often employed.

Adulteration of Wines.

The *Lyons Medical Gazette* asserts that clarets called *pure*, frequently contain alum in considerable quantity; and a doctor, writing to the same journal, states that, after unsuccessfully treating a whole family for acute stomachic pains, it occurred to him to analyze their wine, when he found alum to the extent of two drachms per bottle in it. When the wine was changed, the gastralgia ceased. It seems hardly probable that alum alone would be introduced in such proportion into simple grape-juice; and one is led to infer that the liquid was altogether a concoction, of which the mineral salt was a prominent ingredient. If the French wines supplied to natives are thus sophisticated, what are we to expect of the pure and wholesome drinks that flow into our own market?

Reviews and Book Notices.

NOTES ON BOOKS.

The Transactions of the International Medical Congress of 1867, will appear in Paris this month.

Messrs. Kelly & Piet, of Baltimore, announce that they have arranged with the proprietors of the *London Lancet*, for the publication of a special edition of that journal on thin paper, for circulation in America. The terms of subscription are $12.00 per year, currency.

Contributions to Dermatology: Eczema, Impetigo, Scabies, Ecthyma, Rupia, Lupus. By Silas Durkee, M.D. Boston: 1868. For sale by E. P. Dutton & Co. 1 vol., 8vo., paper, pp. 76.

This is a series of valuable practical papers on skin diseases, by a practitioner, who for the last quarter of a century has devoted to them more time and study, probably, than any other in America. They were originally contributed to the *Boston Medical and Surgical Journal*, and are aimed especially to supply the wants of the practising physician. They are handsomely printed on fine paper, and deserve a wide sale.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 1, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

BABY FARMING AND BABY MURDER.

A great deal is said in this country on the subject of criminal abortion, which indeed is a subject that demands serious thought and action, for it is alarmingly prevalent among us. That it also prevails elsewhere, is shown by our foreign exchanges. Below, we copy portions of an editorial from the *British Medical Journal* for February 8th, as a specimen of the manner in which it is done in London. But attempts at criminal abortion are not always successful—nature will sometimes obstinately persist in having its course. It then sometimes becomes necessary with reckless persons to get rid of the responsibility of child-raising by other means. How this may be accomplished,—and we have no doubt is accomplished here, as well as in England,—may be judged of from articles that have appeared within the past few months in the British medical journals, showing that there are persons who make a trade of murdering these unwelcome intruders, that so sadly interfere with modern notions of pleasure and happiness. "Adopted and sent to the country," is often but another term for a procedure that has the shroud, the coffin, and the grave for its concomitants.

We select one of three cases mentioned by the *British Medical Journal.* At one of the houses visited by the doctor, the prices charged were — Doctor's and nurse's fees, £4 4s.; for room 15s. and upward a week; for board, one guinea a week. The *Journal* says:

"It is best to begin at the beginning, and so we will describe the result of some interviews with various persons who undertake for a consideration to receive ladies 'temporarily indisposed,' or desiring a retreat where 'baby can be left.' There is, however, a stage preliminary to 'leaving baby;' it is the criminal act of getting rid of baby. Our experience shows—what, indeed, it must require little else than Arcadian simplicity not to have surmised—that in many of these suburban cottages, where nurse—aye, and doctor—and board, and a piano forte, figure in the advertisement, there are uglier instruments in the cupboard. Guided by an advertisement still frequently recurring, a physician, in whom we can entirely rely for accuracy and honor, presented himself recently at the door of a neat house in a quiet street. His notes, transcribed immediately afterward, run thus:

"I was shown into a somewhat prettily furnished parlor. The fire was brightly burning, and opposite to it was a good-looking piano, which figures often in advertisements, and which gave the room a well-to-do and cheerful aspect. A shrewd business-looking woman, of about thirty-three, soon appeared; and we commenced business conversation. Did she take ladies there to be confined? Yes, she did; either for long or short period, at terms, which were mentioned, inclusive of doctor's fees; her own medical man always attending. If a separate sitting-room was required, it could be had shortly; terms accordingly. If the lady was far advanced, the child could be adopted and sent into the country, on payment of a good sum; if not far gone, the affair could be managed for a much larger sum than would be charged for confinement only. Was there any danger? Dear no, perfectly safe; she had been engaged in the business for twelve years, and never had any mishap; and her doctor, who had attended some thousands of cases, would tell me the same, if I liked to call on him. If I would like to see the upper rooms, I could do so presently; they were much better furnished than the parlor. She had also a room fitted as bed and sitting room together. Ladies occasionally stopped only a few days. She often got them up, and they went home in ten days or less. Her place was generally full; indeed, there were some in the house at the present time; she hoped, therefore, I would let her know soon, as she might be filled again in a day or two. She had ladies of all ages, up to between forty and

fifty. She was particularly anxious to impress upon me the perfect safety of the procedures adopted there; and thought that what ladies took to rid them of their incumbrance, did not injure their health half so much as the anxiety involved in going to the full term would. She jauntily remarked, that it was hard that people could not have a little enjoyment without being put to such inconvenience afterward. A very accomplished member of the profession assured me that it was not uncommon for a lady to be taken to the house of this person in her carriage, the doctor to be fetched, and after a short interval, the same lady to be *carried* out to her carriage. What all this implies is, I think, sufficiently obvious without further comment."

RESTRICTIONS ON PHARMACY.

The apothecaries are feeling considerably exercised over the claims made by physicians on the one hand, and the public on the other. The latter, with seeming justice, demand that their lives shall not be at the mercy of every ignorant store-boy, who may mistake *hyd. chlor. mit.* for *hyd. chlor. cor.*, or deal out a dose of oxalic acid for a dose of Epsom salts, or try his hand at an extemporaneous prescription of half a dozen grains of morphia.

The physician is of opinion, that when he has given his advice to a patient, the patient has received his full *quid pro quo*, and the fact that the druggist is occasionally employed to carry out this advice, no more entitles the patient to the ownership of the prescription, than to that of any other order on a commercial house. Yet it is cheerful to see the liberal spirit in the drug trade here, compared to what it is in other countries. Take, for instance, Ireland.

The law, as administered at present in that country, strictly prohibits any person from opening a shop for the compounding of physicians' prescriptions, unless he be a licentiate of the Apothecaries' Hall, Dublin. Even a qualified "pharmaceutical chemist" cannot legally make up a prescription; if he does, the Apothecaries' Company will be sure to spring upon him and take legal proceedings against him for thus trespassing on their property. Now that there is a national pharmacopœia, whereby the name, preparation, and strength of every medicine should be the same throughout the United Kingdom, there is no satisfactory reason why a person who practices pharmacy in England cannot carry on the same profession in Ireland without let or hindrance.

But the Irish apothecary is something more than a pure pharmacien, because "the license of the Apothecaries' Hall, Dublin, entitles its possessor to be registered as a medical practitioner, under the 'Medical Act, 1815,' and to practise medicine and pharmacy in any part of Her Majesty's dominions." If a L. A. H. and an M. D. are the only two medical men that reside in a small country town in Ireland, the apothecary can refuse to compound the doctor's prescription by saying he has not the medicines in stock, or by charging an enormous price for them, and he can prevent any duly qualified "pharmaceutical chemist" from so doing, who is generally more competent for the task. Surely this state of things requires immediate rectification, for, if allowed to continue much longer, it will soon end in a monopoly of prescribing as well as dispensing.

The proper protection to the physician for his prescriptions, to the public for its safety, and to the pharmaceutist for his property, is needed sorely in this country, and, sooner or later, must attract the attention of legislators. We merely throw out a hint for these officers to consider.

Notes and Comments.

Useful Institutions.

Our townsman, Dr. William Jansen, maintains two useful institutions, viz., his Natatorium, 219 South Broad street, and his Skating Park, at which, in summer and in winter, he gives his personal supervision to physical exercise in gymnastics, swimming and skating of our pent up citizens, who have little opportunity to develope their physical powers otherwise than at such institutions.

The matter of teaching children, both boys and girls, to swim, is of itself enough to claim the patronage of all our citizens. Let any of our readers who delight in seeing children of a larger or smaller growth enjoying themselves, visit Dr. Jansen's establishment on Broad street.

The University of Michigan.

In a supplementary catalogue and circular issued by the University of Michigan, which we have just received, we see it stated, that the Board of Regents, who control the University, at a recent meeting resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board, making provision for the establishment of a school of homœopathy at another place, is not a compliance with the law, and such action thus becoming null and void, the Faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from the remotest conection with homœopathy.*

But, on the other hand, the *New York Times* for July 17th, contains the following paragraph:

The Michigan Supreme Court has decided the State University case against the Regents, holding that the establishment of a homœopathic school elsewhere than in Ann Harbor is not in compliance with the law, which requires the Chair of Homœopathy to be established in the Medical Department.

For the benefit of the medical world, we ask official information on this point.

Are Locusts Poisonous?

We find a number of items in the newspapers this year, claiming that locusts, their bite, sting, or eggs, are poisonous. In Georgia, it is stated that a young lady lost her life by rubbing her teeth with a twig (of *cornus Florida*, probably, as that is frequently done,) in which a locust had deposited its eggs. And somewhere in the west, fishes are said to have been poisoned by berries in which locusts had deposited their eggs, and which had fallen into a stream. And the following items we find in the papers:

— Locust eggs appear to be very deadly in their poisonous effects. A party of little boys was recently killed by eating mulberries in which they had been deposited, and so rapid was the work of the poison, that they died under the trees from which they took the berries.

— The death of a little girl at Kimmswick, Mo., resulting from the sting of a locust, is noted by the local papers.

Now, "e'en from our boyish days," in the south and southwest, we were familiar with all kinds of locusts, handled and played with them constantly, and knew other children to do the same, and the worst thing we ever knew or heard about them was their intolerable music. This idea of their being poisonous, is a new one to us—but, then, this is Presidential year, and it may be that the locusts have become inoculated with the "poison of politics," hence the trouble!

If, however, the locust is really poisonous, it should be known, and our readers will confer a favor by reporting their observations on the subject.

Connecticut Hospital for the Insane.

The general hospital for the Insane, at Middletown, Conn., is said to be one of the most perfect of its kind in the country, and one of the most complete in the world. The rapidity with which it has been built is certainly surprising. Within thirteen months from the time of breaking ground for the foundation, the main part of the building was sufficiently completed to receive a number of patients. All the interior arrangements of the building are spoken of in the highest terms. We congratulate our friend, Dr. Shew, the Superintendent, on his success.

Yellow Fever and Cholera.

It is officially reported that yellow fever prevails more or less throughout the West Indies, the ports of Havana, Matanzas, Vera Cruz, Cienfuegos, Sagua, and Manzanillo, being particularly affected. Cholera is said to be raging in Honduras and throughout the island of Cuba. Two or three vessels from Southern ports have lately arrived at the New York Quarantine with yellow fever cases on board.

Several cases of cholera have been brought to the notice of the Board of Health in New York within a few days.

Mismanagement of London Hospitals.

Private inquiries, instituted with a view of provoking a searching Government investigation, have lately been made into the administration of the London hospitals, with a result, it is said, of revealing a shameful amount of neglect and mismanagement. In one hospital, which has an income of £8000, there are only 85 beds kept up, and the wards are described as of rough lime-washed brick, neglected and poverty-stricken in their appearance, with scanty and broken ward furniture, and very ragged linen, the dietaries ill-arranged, and sometimes supplemented by the private subscriptions of the medical officers.

It is rather hard for physicians and surgeons to *give* benevolent institutions the benefit of their valuable time and services, and then be obliged to supplement the lack of proper diet for the patients by private subscription, while the managers handle an amount of funds so entirely dis-

proportionate to the requirements of the small number of patients treated.

Shurtleff's Atomizing Apparatus.

We have received from Codman & Shurtleff, of Boston, Mass., a very neat atomizing apparatus, with bottle and shield for the purposes of topical medication. It can also be adapted to the application of local anæsthesia.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

The Yellow Fever in Texas.

The following interesting letter has been placed in our hands by Dr. Caldwell of Brooklyn, N. Y.

"Dear Sir: Your request to give you an account of my cases of yellow fever, and the course of treatment, has already been complied with to some extent in a letter written to you some eight or ten days ago. To attempt to give you the cause, pathology, nature, and the laws that govern it, would be on my part almost idle speculation. A disease that has baffled the wits of the medical world for so many years, and one that patients often recover from under the most opposite modes of treatment, is a difficult subject to write intelligibly about. In its grave form it appears to me to be nearer allied to malignant typhus of English authors than to any other disease that I am familiar with, at least as it prevailed here last summer, and as I have often met with it in the tropics. That it is a disease of blood poisoning I am fully satisfied, and I think most of the profession so consider it, and if we can find an agent that can neutralize or eliminate that poison from the system, we will be enabled to cure most of our yellow fever cases, but until then we must remain content to cure them *that get well in spite of us.* In the days of the great Rush it was treated in the Northern cities by the free use of the lancet, calomel, jalap, cooling diaphoretics, etc., etc. What proportion recovered under that treatment deponent saith not, even if a large majority of the cases get well, we must recollect that those patients were of a different constitutional type than most of yellow fever patients we are called upon to treat in Southern latitudes. The celebrated Dr. Cartwright, of New Orleans, several years ago exhibited enormous doses of tart. antimony, from gr. x to ʒj, premising the warm bath, and bloodletting freely. He claimed extraordinary success, but the treatment died out with patients in other hands. Such has been the result of every heroic treatment adopted for the cure of yellow fever for ages past. The books speak of three types of the disease, simple, inflammatory, and congestive, and give us the modus operandi how each class should be treated, all this will do very well to make a part of the medical education of a Northern student, or to eke out a medical lecture, but for practical purposes it is not worth a moment's consideration.

The simple form of yellow fever is an anomaly, it can scarcely be called a disease, it requires no treatment, unless you dignify a dose of castor oil, foot bath, a cup or so of orange leaf tea, a treatment. It sounds very much like treating a case of coryza. Nevertheless, it cures all mild cases, and we are constantly meeting with such during the height of malignant epidemics.

The inflammatory and congestive type, as set forth in our standard works on practice, I think are well calculated to mislead the inexperienced practitioner, at least in southern latitudes. The former would naturally suggest calomel, the free use of the lancet, antimony, and a host of other antiphlogistic remedies. Now experience has proved that mercury has no influence whatever in arresting the action of the poison, that blood-letting and antimony are alike unavoidable, that any treatment which is calculated to lower the tone of the system is dangerous and is always more unsuccessful than a mild expectant plan. Dr. Rush, no doubt, looked upon yellow fever as a highly inflammatory disease, and treated it pretty much as he treated acute rheumatism. Dr. Cartwright, who had had many years' experience in the treatment of yellow fever in New Orleans, was not satisfied with the simple plan, it was too easy to adopt, every old woman could treat it as well as the Doctor. Something that would smack more of science and physic must be set in motion, and pathological views must sustain the treatment, so the Doctor run up the inflammatory flag, drugged his patients with antimony in enormous doses, purged them with calomel, and often bled to syncope. Did he cure his patients? of course some got away (and were reported), as persons will sometimes recover after being struck

with lightning. They were the mild cases that were able to stand it, and which would have got well on castor oil, sage tea, and 24 hours in a clean bed, but the bad cases went under, and after the influence of his justly great name subsided, so passed away his treatment.

A disease often so violent and rapid in its course as yellow fever doubtless is, is frequently attended with local inflammation, and probably in all ordinarily severe cases with local congestions, the result of the great disturbance going on in the system. I have often seen such results, but I have never seen them alleviated or cured by either calomel or antimony, but local depletion is often demanded and is always beneficial. On the contrary the calomel and free blood-letting treatment has always seemed to me to induce the very condition you are striving to avoid. I read a pamphlet some years ago by a Surgeon of the U. S. Navy, who treated some 300 cases of *yellow fever* on board of a sloop of war. The disease was contracted on the Mexican coast, and as soon as it appeared on board, the ship up anchor and put to sea, and sailed northward. His treatment was mercurials, free blood-letting and quinine, with only *two deaths*. Query, was it yellow fever? or the dengue? More than probable the latter. For it is well known that the manner of invasion and the course of the febrile symptoms are almost identical in these two diseases, although the results are widely different. I do not think that Rush, Cartwright, or any of their school, ever obtained such favorable results either in private or hospital practice as the Surgeon in question. There is a great deal in writing up one's own reputation. The two resident physicians who died here of the epidemic, relied almost exclusively on calomel and quinine in large doses, all but one of their patients that were under the mercurial influence died, at least such of them as came under my observation. I changed the entire programme of treatment on the 10th of August; look at the mortuary list which I sent you, and see the vast difference in deaths during each 24 hours subsequently. Most of the 10th of August cases went off under reddened gums and mercurial fetor. Many who died during the epidemic I never saw, and am unable to say how they were treated. Many under my treatment died also, but years of experience had taught me to adhere to a plan that would save many, until some wiser head could devise a mode by which more could be saved.

Now, if yellow fever is a disease of inflammation *ab initio*, why does not anti-inflammatory remedies control it? There is the question; to say it is a specific inflammation will not help the matter. We hear about a certain treatment cutting short the fever. Well, it may be so, all I can tell you is I have never seen a remedy exhibited that operated as a *quietus* to the fever. To cut short the febrile stage in small pox or measles is just as rational to talk about. The febrile stage of yellow fever is one of self limitation, it runs its course in 18 to 72 hours, and abates by a law of its own, leaving the patient, in violent cases, a wreck, and if the powers of life have not been completely overcome, a secondary fever of mild character arises, to last for 12 to 18 hours, leaving the patient on the road to health. Most of the malignant cases die between the 3d and 5th day. Some linger on to the 7th, with no evidence of reaction whatever. Such cases for the sake of a name are called congestive. Better explain them by stating the simple fact that the nerve or organic force is destroyed by the excessive action of the fever poison, in the same way that an overdose of hydrocyanic acid, or a shock of electricity, will knock the pins from under a poor devil. These cases called congestive are too rapid in their course to be held amenable by any known treatment. Stimulants do no good here, organic life is destroyed, leaving the nerve force in a shattered state, to play its part in aiding the patient through a series of convulsive struggles as he passes off the scene. To divest this most terrible of all maladies of all idle speculation, class it among the blood diseases, and say that the type it assumes is dependent on a plus or minus quantity of said poison affecting the patient, and that the cause of some epidemics being more malignant than others, is due to the excessive development and concentration of the morbific agent in the atmosphere, for atmospheric conditions play an important role in yellow fever poison. And finally that any treatment calculated to lower the tone of the system is detrimental, that ("*in the present state of our knowledge*," as the books say,) our best and safest plan is to assist nature in her efforts to rid herself of the poison so fatal to life, which experience thus far has proved to be more successfully accomplished by using the less active remedies in place of the heroics.

Here is all that I have to say about yellow fever as I have seen it in the tropics and Texas, and you will agree with me that I have written much and said very little for one who has been with it for nearly fifteen consecutive years.

Thomas Kearney, M. D."

Galveston, Texas.

Hygiene in Schools.

Editors Med. and Surg. Reporter:

We find under this head, on page 19, a short notice on a regulation of the dimensions of school desks introduced in some part of Germany. It is justly remarked there, that such regulations are of great importance to the health of the scholars, and I will add, that the health of scores of pupils is ruined, or at least seriously interfered with, by the ignorance of many writing teachers as to the best position of the pupils who practice this indispensable branch of primary training. Generally, such pupils are placed too low, they are told to place their left elbow and forearm on the table; the consequence is that they lean on this elbow and elevate the left shoulder; also often lean with the cardiac portion of their chest against the table's edge, a strained position entirely unnecessary in the act of writing, and which, when persisted in by a juvenile in vigorous growth, for some time every day, never fails to leave its impression. I barely escaped myself, in early boyhood, from getting deformed by this very method. It was fortunately discovered in time, and since, I accustomed myself to writing in a perfectly straight position, the two elbows against the body, not by pressing it, but by the natural weight of upper arm and shoulders, which are kept as low as possible; only the two hands are placed on the table, which is of such a height as to be only one or two inches higher than the elbows. Such a position never gives any fatigue, (as it is perfectly natural and easy.) even when writing the whole day; the head only slightly bent forward, and to near-sighted persons I should recommend spectacles for distinct vision at the distance of at least one foot. I can recommend this system with confidence, as I had it often practically tried in schools, and always with the most satisfactory results.

However, the principal point in relation to this subject which I wish to mention (as it is directly surgical) is this: During my connection as Physician of the New York Northwestern Dispensary, about the year 1857 and 1858, I had three cases brought to me, of malformation; taught by experience, I traced them clearly to the habit of placing the boys in a constrained position when writing, and prescribed accordingly, an upright position combined with muscular exercise, all with the best results One of the cases was exceedingly striking, a boy of 12, of rapid growth, had his left shoulder and scapula strongly elevated, cardiac region of the chest deeply depressed, spine curved, hepatic region of back very prominent, head inclined to left shoulder, all the result of passing many hours each day in school, in the position dercribed above.

It would be very desirable if all writing teachers could be persuaded to place their pupils straight and square before the table, without leaning on it with an elbow, nor against it with the chest, keeping the elbows in a pending position near the body, and having the seat provided with a back to lean against when fatigue is felt; this gives the chest occasion more freely to expand from time to time. The continued forward bending of the spine, so natural when not leaning backward, has a tendency to compress the thoracical and abdominal viscera, and is decidedly injurious when persisted in for protracted periods of time.

P. H. Vander Weyde, M. D.

New York City.

The Treatment of Conjunctivitis.

Editors of Medical and Surgical Reporter:

The following mode of treating inflammations of the external tunic of the eye, has been eminently successful in my hands. Perhaps the large amount of quinine will not be necessary elsewhere than in the Mississippi valley. ℞. Ext. sappa fl., ext. phytolacca fl., ext. sarsap. fl. āā ℥iss., potass. iodid., ʒij., quiniæ sulph., ʒiss., elix. vitriol. f.ʒiss. M. ft. mist. Sig. One to two teaspoonfuls, three times daily, midway between meals.

If there are strong indications of malarious origin, I usually give in addition the following pills, to correct hepatic derangements. ℞. Mass. hyd.. quiniæ sulph., āā ℈ij., M. ft. pil. xij. Sig. Three every night till gone.

My favorite local treatment consists in the application of a solution of nitrate of silver 10 to 20 grains to the ounce, according to the severity of the case.

In obstinate cases, with fungous granulation of the lids, to hasten the cure, I make an application of the nitrate of silver in substance, every alternate morning, until the lids become smooth, then the continuance of the colyrium alone will perfect the cure.

There is very little danger of producing discoloration of the conjunctiva inside of two months, in which time the most obstinate cases can be cured. And should there be discoloration, in my opinion an *indelible* olive color is far preferable to a highly inflamed conjunctiva, even for life.

I always reduced the amount of quinine considerably after the first bottle.

So far as my observation goes, this treatment very seldom fails. I have adopted it in a number of the most obstinate cases, with universal success. In fact I begin to think I can cure any case of ophthalmia, arising from ordinary causes. Generally corneal deposits and opacities pass away so soon as the inflammation, or cause of them, is removed.

I hope others will try this mode of treatment, and let us hear of their success—try it on cases that have resisted every other treatment.

G. F. Jenkins, M. D.

Sandusky, Iowa.

News and Miscellany.

New Hampshire Medical Society.

The seventy-eighth annual meeting of the N. H. Medical Society was held at Manchester June 2d and 3d, 1868. A large number of Fellows were present, and twelve new members were admitted. Many valuable papers were presented, and the occasion was one of much interest. The officers elected were as follows:—

President—Dr. L. G. Hill, of Dover. *Vice-President*—Dr. Wm. W. Brown, of Manchester. *Secretary*—Dr. C. F. P. Hildreth, of Suncook. *Treasurer*—Dr. Thomas Wheat, of Manchester. The next annual meeting will be held at Concord upon the third Tuesday of June, 1869.

Tenement Houses in New York.

A dissertation on tenement houses, recently published by Dr. W. F. Thoms, gives some valuable information on an important subject. It is believed that there are twenty thousand tenement houses in New York City, which contain, on an average, four families to each story, with five persons to each family, each person having about fifteen square feet of ground area and four hundred and eighty cubic feet of air—one thousand cubic feet of air being absolutely necessary for the health of each individual.

Medical College in Syria.

A correspondent of the *Presbyterian*, of this city, writing from Beirut, speaks most favorably of the Syrian Protestant College, and especially of its medical department:

"The two medical professors already at work have attended to more than seven hundred and fifty cases in the dispensary of the college, for the benefit of the medical students. As this medical service to the poor is gratuitous, it is even more beneficial to the country than to the college. Another chair, that of surgery, is now in a fair way of being endowed. The professor, Dr. George E. Post, of New York, has already secured a considerable sum in America; and a large contribution will be obtained in England, through the efforts of Mr. John Heugh, who has offered to raise half the endowment in England if the other half can be raised in America. A site for the permanent buildings of the college has been purchased; and it is hoped that, when an effort is made to collect a building-fund, the friends of education in the East will lend a helping hand. It is not easy to estimate the influence of such a college as this, and that under the presidency of Dr. Martin in China, on the future of the Arab and Chinese peoples."

Hydrophobia.

A correspondent sends us the following recipe of M. Casser, a French physician. Take two tablespoonsful of fresh chloride of lime, mix it with half a pint of water, and with this wash and keep the wound constantly bathed and frequently renewed. The chlorine gas possesses the power of decomposing the poison, and renders mild and harmless the venom, against which the artillery of the medical profession has so long been directed in doubt. The doctor directs the wash to be applied as soon as possible after the infliction of the bite. The following are the results of this mode of treatment: From 1810 to 1824, the number of persons admitted into Breslau Hospital was one hundred and eighty-four, of whom only two died.

[These results are very questionable.—Eds.]

—— Our countryman, Dr. J. Marion Sims, continues to be the recipient of foreign honors. He has recently received the title of Commander of the order of Christ, from the King of Portugal.

—— Drs. Gross, Nélaton, Kölliker, and Larrey, were elected Honorary Foreign Fellows of the Royal Medico-Chirurgical Society of London, at its meeting, June 9th.

—— S. T. X. Atinsixty Drake is at Saratoga. That's the sort that can go to Saratoga!

NAVY NEWS.

Changes, etc., in the Medical Corps of the Navy during the week ending July 25, 1868.

Surgeon S. D. Kennedy, detached from the U. S. S. Lackawanna, and ordered home.

Surgeon J. S. Knight, detached from the U. S. S. Mohongo, and ordered home.

Surgeon D. Bloodgood, detached from the U. S. S. Jamestown, and ordered to the U. S. S. Lackawanna.

Surgeon N. H. Adams, detached from the U. S. S. Pensacola, and ordered to the U. S. S. Mohongo.

Ass't Surgeon Wm. M. Reber, detached from the U. S. S. Lackawanna, and ordered home.

Ass't Surgeon Adam Frank, detached from the Receiving Ship at Philadelphia, and ordered to the U. S. S. Lackawanna.

Ass't Surgeon Samuel W. Datta, ordered to the U. S. Receiving Ship at Philadelphia.

Ass't Surgeon J. McD. Rice, detached from the U. S. S. Ossipee, and ordered home.

Ass't Surgeon E. C. Thatcher, detached from the Navy Yard, Washington, and ordered to the U. S. S. Ossipee.

Ass't Surgeon Peter A. Callan, ordered to the Navy Yard, Washington, D. C.

Ass't Surgeon Wm. M. Mikerson, detached from the Navy Yard, Man Island, Cal., and ordered so the U. S. S. Pensacola.

Ass't Surgeon Jno. E. Gillespie, ordered to the Navy Yard, Man Island, Cal.

Passed Ass't Surgeon Wm. H. Johnson, resigned.

Passed Ass't Surgeon E. D. Payne, ordered to the U. S. S. Saranac.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Adams—Hoskins.—In Bradford, Vt., July 22d, by Rev. J. Britton, at the residence of the bride's father, Samuel Hoskins, M. D., Mr. George W. Adams, of Milford, Mass., and Miss Harriette S. Hoskins.

Claver—Bracken.—By the Rev. B. Mitchell, D. D., July 2d, Hiram T. Claver, M.D., President of Medical College, Keokuk, Iowa, and Miss Clara Bracken, of Pleasant Valley, Ohio.

McAllister—Trenor.—At the Church of the Advent, San Francisco, Cal., June 21, Colonel Julian McAllister, U. S. A., and Amelia H. Trenor, daughter of John Trenor, M. D., of the city of New York.

Orth—Dixon.—In Harrisburg, Pa., June 30, 1868, by the Rev. Thos. H. Robinson, H. L. Orth, M.D., and Miss Elizabeth B. Dixon, daughter of the late Joseph S. Dixon, both of Harrisburg.

Stockton—Kerr.—June 4, 1868, by Rev. Dr. Stockton, assisted by Rev. Dr. Marshall, Thomas Stockton, M, D., son of the officiating clergyman, and Miss Annie L., daughter of Hampton Kerr, Esq., deceased, and niece of the assisting clergyman, all of Cross Creek Village, Washington co., Pa.

Trego—Moore.—July 16th, by the Rev. R. Bethell Claxton, D.D., Dr. E. H. Trego, of Trenton, N. J., and Miss M. Annie, daughter of the late Bethuel A. Moore, Esq., of Philadelphia.

DIED.

Ludlow.—In New York, on Wednesday night, July 22d, from stroke of the sun, William H. Ludlow, son of Dr. Edward G. Ludlow, in the 34th year of his age.

Morton.—At Woodside, Philadelphia, July 23d, Mary S., wife of Dr. F. Knox Morton, and daughter of the late George S. Shugart.

OBITUARY.

William T. G. Morton.

On July 15, Dr. William T. G. Morton, of Boston, died suddenly in New York city. He was at the time driving out to Central Park, with his wife. As he was passing Luff's Hotel, he fell forward in the carriage without any premonition. His wife screamed, and several persons who were near, among whom were Dr. Swan and several other physicians, and Officer Thompson, of the Twelfth Precinct, hastened to the spot, and found Dr. Morton in a dying condition. It was first supposed to be the effects of the heat, but the physicians soon pronounced it a case of apoplexy, and advised his speedy removal to St. Luke's Hospital. The deceased achieved considerable reputation in the medical world, while living, by claiming to be the first to introduce ether as an anæsthetic in the amputation of limbs and other surgical operations. He had been ill for some time, and recently arrived in New York, from Boston, with his wife.

ANSWERS TO CORRESPONDENTS.

Mr. O. S. B.—"I am a young man, who at an early age learned the evil practice of self-abuse. I have been troubled for years with seminal emissions; but profiting by your advice to a young man similarly situated, through the Medical Reporter, by taking twenty grains of bromide of potassium at bed time, the emissions have very nearly ceased. I am about twenty-four years of age. I have never had intercourse with women, but lately feel a great desire to have intercourse. The advice I wish is, whether it is necessary for me to have intercourse occasionally, to effect a cure. It does not suit me to get married." We are aware that this question is frequently put to physicians. For ourselves, we always advise against indulgence in unlawful intercourse. By continence and a properly regulated life, these desires will soon be diminished, and this, not illegal and dangerous cohabitation, is the only wise course.

Dr. J. B. R. P., of Md.—Prof. Huxley's work on Comparative Anatomy is probably as good as any now offering. It costs ten shillings gold, and is not yet completed. There is no handy, cheap manual on that subject worthy of recommendation.

*** We stated recently, that Prof. Gross' Surgery had not passed to a third edition. The publishers had neglected to inform us previously, that they are now selling the fourth.

Dr. F. K. L., of N. Y.—Nearly all the sulphate of morphia now in the market, or quite all of it, is far below the standard strength. Properly, one-fifth grain should equal one grain of opium, but in fact, we often find ourselves in your case, and have to give one-half to a whole grain. That of the firm you mention is not inferior, so far as we know, to other preparations, nor is it superior.

Dr. S. L. V., of Pa.—There is no late work on Hygiene that we can recommend.

Dr. J. K. H., of Pa.—Brown-Séquard's work is, of course, much later than Taylor's, and embraces much on functional disorders of the cerebro-spinal system not found in the latter.

Dr. H. W., of Ill.—"I wish to ask your advice as to the probability of obtaining union of the ends of the humerus in a case where about four inches has been removed from the shaft of the bone near the head, a false joint having formed, and the muscles contracted so as to bring the ends of the fragments near together. Case occurred about four years ago." We believe that in your case some probability exists that a judicious operation would result in a union. But to speak positively would require a close personal examination.

METEOROLOGY.

July.	13,	14,	15,	16,	17,	18,	19.
Wind	N. W.	S. W.	S. W.	N. W.	S. W.	S. W.	N. W.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Sh'r. t. & li
Depth Rain							5 10
Thermometer.							
Minimum	69°	72°	70°	71°	67°	65°	66°
At 8, A. M	83	86	84	85	78	76	79
At 12, M	93	94	92	91	85	86	90
At 3, P. M	94	95	95	93	86	89	92
Mean	84.75	86.75	85.25	85.	79.	79.	81.75
Barometer.							
At 12, M	30.1	30.1	30.	29.9	30.1	30.1	30.1

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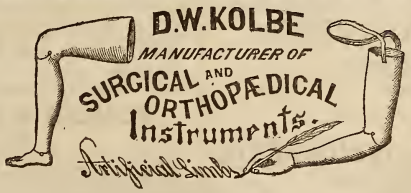

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REFERENCES: SAMUEL HENRY DICKSON, M.D., formerly of Charleston, South Carolina, now Professor of Theory and Practice of Medicine in the Jefferson Medical College of Philadelphia. Drs. JOS. PARRISH, EDW'D HARTSHORNE, JOHN BELL, J. B. BIDDLE, S. W. BUTLER; also, JOHN C. MERCER, M.D., Williamsburg, Va.

R. A. GIVEN, M.D., Clifton Hall,
Kelleysville, Delaware County, Pennsylvania.

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W. H. MUSSEY, M.D., Operative Surgery and Surgical Pathology.
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ITS REMARKABLE HISTORY,

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In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D.D.

Rev. Dr. MORIARTY is widely known as a Catholic Priest of high standing, and needs no indorsement.

A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

CAUTION.

As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

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JOHN M. MAISCH, *Chemist, U. S. Army Laboratory.*
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From Freedley's "Philadelphia and its Manufactures."

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THE

MEDICAL AND SURGICAL REPORTER.

No. 597.] PHILADELPHIA, AUGUST 8, 1868. [Vol. XIX.—No. 6.

Original Department.

Lectures.

A LECTURE ON DIARRHŒA: ITS DIFFERENT FORMS AND THEIR MEDICAL MANAGEMENT.

By A. P. Dutcher, M.D.,

Late Professor of the Principles and Practice of Medicine in the Cleveland Charity Hospital Medical College, Ohio.

PART SECOND.

MEDICAL MANAGEMENT OF DIFFERENT FORMS OF DIARRHŒA.

I. Simple Diarrhœa; Its Medical Management.

When this disorder proceeds from excess or repletion, where the digestive organs have been overpowered by crude or acid matter, you will seldom go astray, if you give a gentle emetic of ipecac, (the fluid extract,) succeeded in a few hours by some aperient. Where the patient objects to taking castor oil, you will find the following a pleasant substitute:

℞. Syrup rhei et potassæ comp., f.℥j.
Ext. sennæ, fluid,
Tinct. rhei comp., āā f.℥ss. M.

Sig. A tablespoonful every four hours, until the bowels are thoroughly evacuated, after which a few grains of Dover's powder will be sufficient to effect a cure.

If the diarrhœa proceeds from sudden obstructed perspiration, in consequence of exposure to cold, you must endeavor to restore the functions of the skin by the use of the alcoholic fumigating bath, and small doses of Dover's powder, which may be repeated every two or three hours until free diaphoresis is induced. The following will be found very useful in some cases for the same purpose:

℞. Liq. ammonia acet., f.℥iv.
Syrup simp., f.℥ij.
Morphiæ acet., gr. j. M.

Sig. A tablespoonful every two hours.

In diarrhœa from exposure to cold, I have found no therapeutical agent so useful as the alcoholic fumigating bath. It excites the action of the cutaneous vessels of the whole system, and determining a greater flow of blood to the surface of the body, ending in copious perspiration, relieves the irritable state of the intestines, and removes the disease. These means, with rest and abstinence from food for a few hours, will commonly cure this form of the disorder.

II. Medical Management of Bilious Diarrhœa.

This is a more serious malady than the first, and more difficult to manage. When it depends upon an excessive flow of bile, we should try and calm the over-excited organ. This you cannot do by administering mercury, as some of our best medical authorities have recommended. If the attack is severe, the skin hot and dry, and the dejections attended with pain and tenesmus, the alcoholic fumigating bath should be used at once; after which apply mustard poultices over the region of the liver and abdomen, and give one of the following powders every three hours until the violence of the disease is passed.

℞. Pulv. ipecac., gr. xij.
Pulv. opii, gr. vj.
Pulv. camph., gr. xij. M.

Ft. in chart no. vj.

After this, you may administer a tablespoonful of the syrup rhei et potassi compound every three hours, until the dejections from the bowels become natural, when the disorder will commonly cease.

In mild cases of bilious diarrhœa, where the hepatic secretion is vitiated and deficient, as shown by the pale dejections, the moderate use of mercury is of value; indeed, some cases will run on until they become chronic, unless mercury in some form is administered; no other therapeutical agent appears to reach the case. I am in the habit of prescribing it thus:

℞. Mass. pil. hyd.,
Pulv. opii., āā gr. xij.
Pulv. ipecac., gr. xvj. M.
Ft. in pill No. 12.
Sig. One pill every six hours.

This will generally correct the secretion of the liver, increase the cutaneous perspiration, and quiet the irritable intestinal mucous membrane. In this form of diarrhœa, the patient will be greatly benefitted by the use of demulcents, such as gum arabic, slippery elm, and linseed.

When bilious vomiting is present, attended with spasmodic pains in the abdomen and cramps in the limbs, assuming all the features of cholera morbus, nothing will give more prompt relief than the following:

℞. Chloroform, f.ʒij.
Morphiæ sulph., gr. j.
Mixturæ camphoræ, f.ʒ vj. M.
Sig. A tablespoonful every hour.

Two or three tablespoonfuls, in connection with a liniment composed of the following, freely applied to the abdomen, is all that is necessary to cure the most aggravated attack.

℞. Chloroform,
Tinct. sapo. comp.,
Tinct. opii, āā f.ʒj. M.

III. Treatment of Mucous Diarrhœa.

This is oftentimes a very troublesome disorder to manage, especially where it attacks children, who are more obnoxious to it than adults. In most cases, it depends upon an inflammation of the mucous membrane of the large intestines; hence the best means for its cure are antiphlogistics. In adults of full habit, where the disease is severe, you need not hesitate to bleed. Then treat the patient to the alcoholic fumigating bath, and large doses of opium and ipecac. You may also apply a turpentine stupe to the abdomen, or the liniment recommended under the last head. In this case great attention should be given to the diet. In my practice I never allowed anything but beef-tea, animal and bread jelly, and gum water. Perfect rest in bed is enjoined, with sufficient clothing to preserve the normal temperature and produce gentle perspiration.

If the disease is subdued before it becomes chronic, this is all the treatment that is required. But you will not unfrequently be called to prescribe for patients when the disease has been progressing for weeks, and the period for active measures has passed. The individual has become emaciated, and his stock of vital power is well nigh exhausted. What is to be done under such circumstances? Sustain the vital powers and arrest the wasting dejections. The agents to fill these indications are tonics, opiates, and astringents. They may be administered advantageously in the form of a pill composed thus:

℞. Quiniæ sulph., ʒss.
Zinci sulph., ϑij.
Pulv. opii., gr. xv. M.
Ft. in mass, divide in pill no. xxx.
Sig. One pill every four hours.

When the disease is confined to the rectum, enemata of opium and starch are sometimes administered with advantage. Some practitioners have great faith in injections of the nitrate of silver. I do not recommend them; the sulphate of zinc (twelve grains to the ounce of water) is much better. But let me caution you against the use of injections in this disorder. If you do not see speedy amendment follow their use, discontinue them at once. I have known cases where they have proved very injurious. Indeed, to express my mind freely on this subject, I would add that I have very little confidence in administering medicine or food *per anum*. It appears to me like reversing the order of nature. All physiological or therapeutical changes in the solids of the body must come through the blood; this must be in a right state, so that proper nutrition and disintegration can take place. When nutriment or medicine enters the blood through the rectum, it is imperfectly assimilated, and must in a great measure fail to accomplish the end for which it was given. The warm hip-bath will benefit patients suffering with this form of diarrhœa more than all the injections that have ever been recommended by our best physicians. If you doubt it, give it a fair trial, and you will soon be converted to see its utility and superiority.

IV. Medical Management of Choleraic Diarrhœa.

The management of this form of the disease is not commonly attended with much difficulty. In young children, where it depends upon teething, after paying attention to the diet and clothing of the little patient, you will find no combination of

therapeutical agents more useful than the following:

℞. Hyd. cum cret., ℥ss.
Pulv. ipecac. et opii, ℈j.
Magnes. carb., gr. xij. M.
Ft. in chart no. xij.

Sig. One powder every three or four hours, according to the severity of the symptoms.

Where the disorder attacks adults, I have always been in the habit of prescribing calomel and opium. If the dejections are very profuse and frequent, with symptoms of exhaustion, the following formula has proved very useful in our hands:

℞. Hyd. chlor. mit., gr. xij.
Plumbi acet., gr. xxiv.
Pulv. camphor., gr. xij.
Pulv. opii, gr. xv. M.
Ft. in mass, et divide in pill no. xij.

Sig. One pill every two or four hours, according to the severity of the case.

If nausea and vomiting are present, mustard poultices may be applied over the epigastrium, and a teaspoonful of the following administered every hour:

℞. Chloroform, f.℥ij.
Ol. terebinth., gtt. xxx.
Sp. lavend. comp., f.℥ss.
Muc. acaciæ, f.℥ij. M.

In this form of diarrhœa the presence of bile in the stools is always a harbinger of amendment. We shall say more on this point when we come to treatment of Asiatic cholera.

V. Treatment of Camp Diarrhœa.

This disease is seldom seen in its first stage in civil practice. It is only when it has become chronic that we are called upon to prescribe for it. All the cases that have fallen under my care gave evidence of blood-poisoning. Hence I have regarded the local disease mostly secondary, and have addressed my therapeutics chiefly to the blood. Elimination and reconstruction is the principal work to be accomplished. To effect the first, I have found nothing more useful than the following:

℞. Acid, nitro-muriat., f.℥ij.
Strychniæ, gr. j.
Tinct. cinchon. comp., f.℥vi. M.

Sig. A teaspoonful three times a day, in a wine-glass full of cold water, about an hour before each meal.

To fill the second indication:

℞. Ferri pyrosulphatis, ℥j.
Quiniæ sulph., ℈ij.
Ext. nucis. vom., gr. x.
Ext. gentianæ, ℥j. M.
Ft. in mass, et divide in pill No. 30.

Sig. One pill three times a day, after each meal.

Opium may be given at night, to quiet the bowels and procure sleep. When the dejections are offensive and contain a large number of torula cells, attended with pain and a disagreeable fulness of the bowels, they should occasionally be moved with the syrup rhei et potassæ comp. The diet of the patient must be strictly attended to. If the patient is allowed to indulge in every article of diet his appetite craves, you will have no success in curing his malady. You should also insist upon his keeping in bed. Individuals suffering with this disease will go about so long as they are able to walk, unless they are positively prohibited. I am well satisfied that I have known several patients lose their lives by neglecting this precaution. I therefore repeat it, never allow your patients suffering with camp diarrhœa to be up and about; order him to bed immediately, take away his clothes, and keep him there until he is well. If he will not submit to this, I would advise you not to assume the responsibility of treating his case.

VI. Treatment of Phthisical Diarrhœa.

This should be conducted with great caution. Diarrhœa is sometimes one of the first symptoms that announce this fell disease, and is exceedingly annoying throughout the whole course of the disorder. In the great majority of instances, as we have already remarked, it depends upon tubercular disorganization and its consequent inflammatory action in the small intestines. A knowledge of this fact will at once lead us to ignore such therapeutical agents as will have a tendency to irritate or exasperate in any way the intestinal mucous membrane. My experience teaches me that the best curative measures consist in warm clothing, mild temperature, great attention to the skin, bland nutritious diet, and gentle counter-irritants to the abdomen. To these measures may be added, as occasion may require, mucilaginous drinks, small doses of the syrup rhei et potassa compound, subnit. of bismuth, and ext. hyoscyami, Dover's powder, and some of the vegetable astringents, such as kino and geranin.

In severe cases, where inflammation

appears to be active, where the abdomen is tender to the touch and swollen, and the dejections profuse, I have found no remedy so efficacious as a large blister over the abdomen. This, in connection with opium, constitutes our only reliance for the mitigation of the patient's sufferings and the prolongation of his life. When the dejections are scanty and partake of a dysenteric character, opium and astringents should be very cautiously used at first. This condition often follows a constipated condition of the upper bowel; opium and astringents will not relieve it. A brisk purge will often accomplish wonders. I have frequently seen patients who had suffered for days with diarrhœa under opium and astringents, permanently relieved by a brisk purge of turpentine and castor oil. But where opium and a permanent astringent is needed to arrest these copious watery dejections that sometimes attend this disease, I know of no combination of remedies more useful than the following:

℞.	Pulv. opium,	gr. xij.	
	Plumbi acet.,	gr. xxiv.	
	Piperine,	gr. xviij.	
	Strychniæ,	gr. ¼.	M.

Ft. in mass, et divide in pill No. 12.

Sig. One pill two or three times a day, as occasion may require.

Prize for work on Longevity.

We learn from an exchange, that the University of Oxford has just offered a prize of $250 for the best essay on, "The Comparative Longevity of the Different Species of the Lower Animals, and the Longevity of Man in Different States of Civilization." With the exclusive spirit of a close corporation, which has ever distinguished the Oxford University, the candidates for the prize are limited to the members of the University who, within five years preceding June 15th, 1869, shall have attended two courses at least in the physiological department.

—— Typhus and hunger seem, this last year or two, to have scourged mercilessly the European population. Finland is now suffering severely from famine, caused by the failure of the crops for the last ten years. In addition, the malignant typhus fever has broken out, and during the past winter it is estimated that one-tenth of the population have died. As a last resource, they are actually baking and distributing bread consisting of two parts clay and one part flour.

Communications.

CONCEPTION AN ELECTRICAL PHENOMENON.

By Harvey L. Byrd, M.D.,

Professor of Obstetrics in the Medical Department of Washington University, of Baltimore, Md.

"Post tenebras lux."

Without special reference to the various theories which antedated the promulgation of that relating to the part played by the spermatozoa in the phenomenon of conception, or entering upon a discussion of its several inconsistencies, if not down-right absurdities, as applied to the elucidation of this most important and wondrous result, I propose, with your permission, to invite the attention of the readers of the Reporter, and the profession generally, to some observations and reflections of my own; and though they may not immediately remove the mystery which has surrounded the subject of impregnation, or conception, from immemorial time, may at least throw some feeble rays of light upon its acknowledged obscurity.

It is cheerfully conceded, without argument, that the *elements* of a human spermatozoon must meet, or come into contact with the *elements* of a matured female ovum, ere conception can be fully consummated, and this fact is in beautiful accord, and perfect harmony, with the law of reproduction as seen in the lower order of animals, and which may likewise be observed, also, in the vegetable kingdom. This law being recognized by all physiologists, it remains only that a few of the difficulties which lie in the way of a better understanding of the function of conception, in the human female, than that which at present exists, should be observed, before venturing an expression of the views to which allusion has been made. Are the spermatozoa, or animalcula, as they have been denominated, of the human semen, endowed with separate and distinct vital existence,—as the tadpole, for example, as it escapes from the matrix, or nidus, after impregnation by the male frog—and, therefore, capable of individual, instinctive movements? Should a negative response be given to this inquiry, the difficulties which

now environ the subject of conception in the human female would be found much increased, and an affirmative answer would not materially lessen them, as the subject is at present generally understood.

If such should prove to be the results of our inquiry, we ought to be excused, should the venture upon hypothetical ground, or for attempting in the domain of analogy, to work out some more plausible theory than that which we have at present. The fact has become established beyond controversy, both in some of the lower animals and in the human female, that strong physical impressions of himself, made by a male, upon a female impregnated by him,—call them *mental* if you will for the present,—are continued, in many cases, and fixed upon her future progeny, or offspring, when impregnated, or begotten, by *other* males, long after the first male had been lost sight of, or even ceased to exist. These impressions of the first male are transmitted in certain cases to the offspring of *different species* of animals; for example, witness the case of the mare and quagga, in India, etc., etc.; and I have known of several instances of subsequent offspring among negro women at the South, though begotten by negro men, strongly resembling in features at least, the white male by whom she was primarily impregnated. This I have observed in cases of genuine negro children, with strongly marked Jewish features, where their mother's mulatto, or first child, was begotten by a Jew. In these cases, the hybrid partaking of the color and features of the African and the Jew, and the negro children black, with Jewish features. Cases in further confirmation of the foregoing facts might be easily multiplied, but these must suffice for the present.

It is claimed that the catamenial discharge is due to the maturation and evolution of an ovum. *Cæteris paribus*, when the human female menstruates she is capable of being impregnated, as it has been claimed that a matured ovum is an essential pre-requisite to conception, or fecundation by the male! Whilst I would urge no objections, at this stage of our investigations, to the theory above enunciated, I may be permitted to remark, *en passant*, that great difficulties lie in the way of any thing more than its acceptance, on very general grounds; and even then, as only partially correct. We find instances of children of a few years, and in some reported cases, even a few months old, menstruating regularly, and impregnation occurring in other cases, *before* the development of catamenial *nisus;* and in some comparatively rare instances, repeatedly in women who never menstruated at all. Again, some women menstruate regularly during the whole period of utero-gestation.

It is admitted, without controversy, that under certain favorable circumstances, the male sperm, when introduced merely within the female vulva, and while yet warm, may result in the fecundation or vivification of an ovum. Do the spermatozoa, thus deposited at the entrance of the female generative organs, immediately "take up their line of march" on finding themselves in their new situation, and by their own volition, or individual movements, make their way along the vaginal mucous membrane, *resisting its natural secretions*, passing thence into the os uteri, and through the body, and fundus of the uterus, into the Fallopian tube, or tubes, exposed the while to *the secretion of the uterus*, and finally, passing through the tubes of the Fallopius reach the ovaria, and meeting an ovum in in a state of maturity, impregnate it?

We have been told that the *natural* secretions of the uterus and vagina are chemically opposite, and that they are sufficiently active to change the normal character of the blood, to such an extent as to have created doubts and difficulties in determining, positively, whether the catamenial fluid is purely a *secretion*,—when normal,—or the *blood* of the woman, *changed by certain secretions* with which it comes into contact, in its passage from the womb to the external parts of the generative organs. Or, whether it is *partly* a secretion, and *part* blood? It would seem clear, when analogically considered, that these microscopic animalcules, or spermatozoa, should divest themselves of the fluids and elements by which they are surrounded in their passage from the male urethra, ere they begin their journey to the ovaria; and even on the hypothesis that their movements in that direction are instinctive, we can hardly comprehend how they could

withstand, successfully, the action of the natural secretion of the vagina. And when we remember that they would necessarily be exposed to alternate acid and alkaline actions, which we are told are sufficiently energetic to change the normal character of warm healthy blood, to such a degree, as to create the doubts alluded to above, we are forced, it would seem to me, to conclude, that it would be *impossible* for them to reach the ovaria by their own feeble and unaided efforts.

With the foregoing, and many other difficulties which lie in the way of our comprehending, according to the present theory, how fecundation, or impregnation, is effected, it will not, I trust, be considered presumptuous, if I should venture to suggest a theory, which, at no distant day, must receive the endorsement of direct and positive proof. Man's body may, with much propriety of language, be called a microcosm. It contains within itself portions of all the elements which enter into the composition of the universe, in a greater or less degree of activity,—and without referring to the action and influences of his psychological nature,—we witness phenomena in his physical organism, which must, and can only be due to electrical action.

Electricity is known to have a positive and universal existence in nature, and we have learned to harness it—so to speak,—and turn it to the most important and useful advantages, not only in the arts and sciences, but also in the diagnosis and treatment of disease, and certain facts have been developed under my own observation, which assure me, that I am not venturing too far upon the domain of hypothetical speculation, when I conclude that ere long we shall discover in this potent and mysterious element, or power, a key to the solution of the problem of life, and how it begins its existence in the germ cell. Lest this article should be protracted too far, I will merely add for the present, that I have every reason for believing that fecundation, or impregnation, is *always* an electrical phenomenon, and hope at a future time, to offer the results and experiments to *prove*, that whether it occurs from the artificial injection of the male semen, or whether the spermatozoa enter the female vagina *via naturalis*, it *results* from the *completion of an electric circle*,—the *union* of *positive* and *negative* electricities.

No. 42 McCulloh St., Baltimore, Md.,
July 28th, 1868.

[We admit the above article rather as an incentive to inquiry, than for any other reason. The explanation by "electricity" of the phenomena of conception is neither new nor valid. The writer does not seem to have reflected on the lately discovered truth of the correlation of forces, nor does he seem to have read Darwin's "Provisional Hypothesis of Pangensis," which readily explains the singular facts he mentions. (See Reporter, Vol. XVIII., p. 457.) The best obstetricians and naturalists now believe that the spermatozoon is an independent, living animal, and when he says it is "admitted without controversy," that the introduction of the semen into the vulva can produce conception, he manifests a lack of acquaintance with the latest German obstetrical teachings.—Eds.]

CONTRIBUTIONS TO TOXICOLOGY.

By. P. H. Vander Weyde, M. D.

Late Professor of Chemistry and Toxicology in the New York Medical College.

No. 19. Poison of Toads.

Most books on natural history have repeated over and over again, that the popular idea that the toad is poisonous, is sheer prejudice, that it is a gentle animal, very useful in gardens, as it destroys the vermin which is injurious for the plants, and that when taking a toad in the hand, it exudes, by fear, a liquid by cutaneous secretion, which is a little irritating to our skin, but for the rest perfectly harmless. It has, however, been found that a dog, after biting a toad, suffers from pain, swollen palate, tongue, etc., and that when the skin of the hand be the least abraded, the secretion of the toad acts most powerfully and painfully. MM. Gratiolet, Vulpian, and Alvez have investigated this matter, and found that the secretion exuding from the parotid region of the toad is decidedly poisonous when entering the tissues, and paralyzes animals. It is partially soluble in ether, which, by evaporation, leaves a dry toxic powder, which will kill small birds; and it is stated that some savages in South America

use the acrid fluid of the toad as a substitute for their poisonous curara, which is the product of a plant belonging to the strychnos family.

Editorial Department.

Periscope.

Oulachan Oil as a Substitute for Cod-Liver Oil.

The following valuable article has been recently published in the *Pharmaceutical Journal and Transactions*, (London, June, 1868,) by the distinguished botanist and zoölogist, Robert Brown. As our possessions have lately been extended on the north-west coast, it has peculiar commercial and therapeutical interest, and we copy it therefore at length.

"The fish which forms the subject of this communication may, if we consider its importance to the Indians, or the still more useful purposes to which both the fish itself and its oil might be applied, without fear of contradiction be ranked as one of the most valuable products of the western shores of America. Many of the earlier fur-traders and adventurers refer to it in enthusiastic terms under its Chinook name of *Oulachan* or *Eulachon*,* and give accounts of its abundance in the Columbia River early in this century. All readers of Washington Irving's charming 'Astoria,' cannot fail to remember his description of it. It belongs to the family *Salmonidæ*, and is usually classed in Gerard's genus *Thaleichthys*, but as I believe that that genus is separated from the older one of *Osmerus* on very insufficient grounds, I have preferred to designate it as *Osmerus pacificus*. The synonymy and specific characters will therefore stand as follows:—

Osmerus pacificus (*Salmo* (*Mallotus*) *pacificus*), Richardson Fauna Boreali-Americana; *Thaleicthys Stevensi*, Gerard, Gen. Rep. on Fishes; *Thaleicthys pacificus*, "Grd." Cooper and Suckley Natural History of Washington Territory, Plate LXXV. figs. 1-4; *Osmerus pacificus*, (Rich.) Ayres, Proceedings Cal. Acad. Nat. Science, ii. 64. Head subconical and pointed. Mouth large; posterior extremity of maxillar bone extending to a vertical line drawn posteriorly to the orbit. Eye rather small. Adipose fin placed opposite the posterior portion of the anal, which is rather elongated. The insertion of the ventral fins is situated considerably in advance of the anterior margin of the dorsal. Scales moderate, subelliptical. Dorsal region greyish-olive; middle of flank yellowish-orange, dotted with black; belly yellowish, unicolor; upper sides and surface of head greyish; fins unicolor.

2. The *Oulachan*, or *Eulachon*, is a small delicate-looking fish, about the size of a smelt, and not unlike it, semipellucid, and with fine scales. On or about the 24th of March,—at nearly the same time each year,—it enters the northern rivers, and the southern ones a little later. It was once abundant in the Columbia, but that stream being now disturbed by the trafic of steamers, it is only now in exceptional years that they are caught there in any quantity. In Fraser River, and in most of the rivers on the coast of British Columbia, they are still found at that season (March) in greater or smaller quantities; but it is in the Naas River, falling into the Pacific, in lat. 54° 40′ N., that the Eulachon is found in the greatest quantities, and it is to its capture in that stream that these notes chiefly relate. The fish comes up from the sea into the fresh water for the purpose of spawning, but, unlike most of its allies,—the salmon proper,—on that coast, returns to the sea again, and is not seen until the following year. During that season they swarm in inconceivable shoals, and I can well believe that the Indians indulge in no hyperbole when I have heard them say that their canoes have been lifted in the water by the countless swarms of fishes. Their arrival is at once heralded by flocks of *Laridæ* and other marine birds swooping down to seize upon them, and during the whole of the fishing season the screams of the gulls vie with the shouts of the Indian fishers.

3. By long custom made and provided for, northern tribes have a vested right of fishing the Eulachon on the banks of the Naas, and certain other equally numerous and powerful tribes are prohibited from enjoying this privilege, and are compelled to buy their oil from their more fortunate neighbours. Accordingly, some days before the expected advent of the fish in the river, the Indians assemble from far and near to the number of several thousands, in order that they may take up their proper camping-grounds on the banks. Men, women, and children come,—it is the herring-fishing of the Indians, and all can be employed. A general holiday prevails,

* Ross Cox calls it "the sweet little anchovy" ('The Columbia River,' etc., vol. i. p. 105). It is also spelt *hoolakan* and Ulichan. Alexander Ross calls it the "fathom fish," because strung on threads in their dried condition, they were sold by the fathom ('Adventures of First Settlers on the Columbia River,' p. 94).

and tribes vie with tribes, families with families, in dress and feasting, and show their joyousness in a thousand different ways. Families who have not met for twelve months now meet, and the Eulachon, or *Yghuh* (almost unspellable and certainly unpronounceable,) fishing is looked forward to from one year's end to the other as a time for gossiping, courting, and general merry-making. In a few days, however, the fish begin to make their appearance, and now all are on the alert, and all idling is at an end. The first shoal, as I have said, come into the river, from the 24th to the 27th of March, and stays three days. These are so exceedingly fat that they cannot be cooked in a pan, for they will "blaze up" like a mass of oil. Out of these the best portion of the oil is made. In about three days these begin to disappear, and are succeeded by a second shoal, not so large or so fat, and these again in a day or two by the third and last shoal, which is poorer, and are dried for winter use, being sufficiently free from oil to permit of this. So fat are these last even, that if lighted during the dry state they will burn like a candle, and are often used as such by the natives, hence they are sometimes called the "candle-fish." The river during the time of fishing presents a busy scene, covered with canoes sweeping the fish in, while others filled are landing and being unloaded by the women and children, again wildly to rush back to share in the harvest. Ashore the scene is not less vivid. Fires are blazing and pots boiling, and boxes being filled with the oil, while in and around and all over, prevails an amount of unctuousness indescribable,—a greasiness of which it is impossible to conjure up the faintest idea! The fish are chiefly taken by nets (in the Naas) but myriads get washed ashore and are caught by the old women and children and kept as their perquisite. In Fraser River they are principally captured by means of a flattened cedar pole, the edges of which for a couple of feet or so near the end being set with sharp teeth or nails, which act like so many spear-points. The Indian, standing in his canoe, sweeps this through the water, and so numerous are they that there is no fear but that a number will be impaled on the points. These are swept behind him into the canoe as a mower uses a scythe, until the canoe is full. Herrings and shoals of all other small fishes are caught likewise in this ingenious mode. Besides those kept for drying or from which oil is made, vast quantities are used in the fresh state for food, and the sudden arrival of fish, occurring generally just at a time when the Indians' winter stores are nearly finished and they are rather pressed for food, the plethora often proves fatal by producing surfeit.

4. The oil is obtained by putting the fish into water in boxes—generally hollowed out of a solid block of cedar (*Thuga gigantea*, Nutt., *T. Menziesii*, Dougl.), or so closely made as to be water-tight—and then throwing in red-hot stones. This ingenious method of boiling is practised by all the Indians on the north west coast of America. The oil is then skimmed off the surface and set aside to cool. The oil is never made by suspending iron vessels (after the more familiar manner of the whites) over the fire, for in that case the fishes would be destroyed, and it would be difficult to separate the broken fragments from the oil. The quality, however, greatly depends upon the care employed, and the amount of heat used to extract the oil from the fatty tissues of the fish. An inferior description is also made by squeezing the fishes out of which the finer oil has already been extracted in the method described, in a cloth against a board.* Properly prepared, the oil is at a temperature of

* I have given the general rationale of the process of manufacture. There are, however, various superstitions connected with the *oulachan* (as with everything else which the Indian has to do with), which entail various minute ceremonies. Mr. William Duncan, the excellent missionary at Metlakatah, thus refers to it in a letter addressed to the Church Missionary Society:—". . . The process (of extraction) is as follows: Make a large fire; place three or four heaps of stones as big as your hand in it; while these are heating, fill a few baskets with rather stale fish, and get a tub of water into the house. When the stones are red-hot, bring a deep box, about eighteen inches square, near the fire, and put about half a gallon of the fish into it and as much fresh water, then three or four hot stones, using wooden tongs. Repeat the doses again, then stir up the whole. Repeat them again, stir again: take out the cold stones and place them in the fire. Proceed in this way till the box is nearly full, then let the whole cool, and commence skimming off the grease. While this is cooking prepare another box in the same way. In doing the third, use, instead of fresh water, the liquid from the first box. On coming to the refuse of the boiled fish in the box, which is still pretty warm, let it be put into a rough willow basket, then let an old woman, for the purpose of squeezing the liquid from it, lay it on a wooden grate, sufficiently elevated to let a wooden box stand under; then let her lay her naked chest on it, and press with all her weight. On no account must a male undertake to do this. Cast what remains in the basket, anywhere near the house, but take the liquid just saved and use it over again instead of fresh water. The refuse must be allowed to accumulate, and though it will soon become putrid and change into a heap of maggots, and give out a smell almost unendurable, it must not be removed. The filth contracted by those engaged in the work, must not be washed off until all is over; that is, till all the fish are boiled, and this will take about two or three weeks. All these plans must be carried out without any addition or change, otherwise the fish will be *ashamed* (the Indians think), and perhaps never come back again.

60° Fahr., amber-colored and liquid. At a lower temperature it becomes thick and opaque, increasing in solidity according to the degree of cold; in this state it is whitish in color and resembles soft lard. The northern tribe keep it in boxes of their own making, but the more southern Indians—such as the Quăkwolths, at Fort Rupert (lat. 50° 42′ 36″ N., long. 127° 25′ 07″ W.)—preserve it in bottles, made out of the stem of the giant seaweed, *Macrocystis pyrifera*, Ag., squeezing out a little, when required, as a painter does his colors out of the tinfoil tubes.

5. The fish, cooked fresh, is most delicious, and, when salted, is also a very palatable article of food, and held in much request among the Hudson Bay Company's traders and other old residents on the coast. The Indians dry vast numbers for winter use, and carry them with them in strings, during their annual migrations south, and for sale to other tribes who come to purchase them as well as the oil. The *Tsimpsheans* say that the Naas river clothes them and the Skeena river feeds them, because the *Hydahs*, from the Queen Charlotte Islands, and other tribes who are prohibited from fishing for the *Oulachan* in the Naas, come and purchase the oil from them, paying blankets for it, while the salmon of the *Skeena* supplies them with abundant supplies of food. I cannot but think that these fish would form a most valuable and lucrative article of commerce either in the salt or dried condition, and that in either of these forms, or preserved in ice, or in their own or olive oil, like sardines, they would command a ready market, especially in the Roman Catholic countries along the Pacific coast, in China, and even in Europe and the Atlantic States of America. A small joint stock company was indeed formed in Victoria, in 1864, for that purpose, but failed for want of capital and in ignorance of the habits of the fish. Before they could get their affairs settled to start north, the season was past, and nothing further was ever done. The Indians, no doubt, declare that no white man shall ever cast a net into the Naas, but independently of this somewhat futile threat, supplies could be purchased from the Indians to almost any amount, and, if sufficient inducement were held out to them, the present catch could very easily be increased tenfold.

6. The oil is of even greater value than the fish itself, as usually seen in the opaque lard-like condition, and after having undergone no other preparation than the rough *trying out* just described, its taste is not unpleasant, and the odor by no means disagreeable. Even in this condition, it has been used by the whites for culinary purposes, and the Indians use it in all their meals, much after the same way as we do butter, using it also as a sauce to their dried salmon. So fond are they of it, and so essential to their health is it (as I shall presently refer to) that the Hydahs and other tribes, as I have already said, come over to purchase it eagerly, and the Hydahs, Stekins, Tsimpsheans, and other northern tribes who winter in Victoria and Puget Sound, will come on board the Metlakathlah mission schooner to purchase it. They complain of the price, but still cannot do without it. An old Tsimpshean once said to me, "I can buy beef and bread cheaper, but my heart never feels good until I have got this grease. There are just two sweet things in food—*rum* and oulachan oil!" However much we may be inclined, from a civilized stand-point of view, to doubt the soundness of this summation of a lifetime's experience, there is no doubt that this oil, both in an edible and *medicinal* light, is of the utmost value. It is the latter property which the readers of the present article will be most interested in, and which I desire most earnestly to press upon their attention. Its effects on phthisical patients are most wonderful, and, from the moist climate of the northern portions of the Pacific coast, the natives are very subject to phthisis, hæmoptysis, and other forms of pulmonary disease. As it is, many die annually of these complaints, and I believe that I only speak the opinion of all who know these people, or who have thought over the subject, that were it not for this oulachan oil, these northern tribes, once so powerful, and still so courageous, intelligent, and physically fine, would be decimated, and already enfeebled in constitution through vices learnt from the whites, their extermination would soon be *un fait accompli*. It relieves violent coughs in a most remarkable manner, and equally conduces to the accumulation of flesh. In a word, it has all the properties of cod-liver oil and other fish oils in an intensified degree, without their nauseous taste—a taste which is found even in the best and most carefully prepared oils, and prohibits many availing themselves of their valuable qualities. I have known delicate ladies who would have vomited at the smell of the ordinary cod-liver oil, put the bottle of oulachan oil (slightly heated, in order to liquefy it) to their mouths, and drink it without the smallest nausea! If the oil thus rudely prepared by the natives be so little unpalatable, I doubt not but that if it underwent the usual refining processes of the chemist, that it might be produced perfectly tasteless. The

old fur traders on the coast everywhere use it in pulmonary diseases, and even send suppplies of it into the interior, for the use of friends residing there. It is looked upon almost as a specific, and the few boxes which the Hudson Bay Company's trading vessel bring down on her annual spring voyage (not as an article of commerce, but for the accommodation of friends,) are generally bespoke long before. The medical officers of the Company have long preferred prescribing it to cod-liver oil, both in their own families and in general practice. One of these gentlemen, whose great intelligence and long experience entitles his opinions to every respect;* entertains very similar views to those I have advocated, and I have, moreover, heard him attribute the health and even the existence of the Indians during their exposed life in a *hyperpluviose* climate like that of Fort Simpson and north to Sitka, to the use of oulachan oil. In the course of my journeys into the interior of Oregon and elsewhere, I had occasion to recommend and procure some for friends troubled with phthisical complaints, and in every instance I have heard its merits extolled in the highest degree.

7. The object of this paper has been to draw the attention of pharmaceutists to this oil, with a view to its being tried in a medicinal and commercial way. In 1864 some specimens were sent to England, and, became rancid before arriving, though even in that condition they were valued at the rate of £40 per ton; but I am not aware that it has ever yet been tried in European medical practice. I have no doubt that if efforts were made to procure a sufficient quantity to give it a proper trial at the hands of physicians, whose opinions would carry weight with them, the *Oleum Osmeri* would prove a useful addition to our animal Materia Medica, as auxiliary to, or substitute for, the better known and justly esteemed *Oleum Jecoris Aselli* of the Pharmacopœia."

Liquefying Laughing Gas.

The uniform efficiency and safety of laughing gas as an anesthetic has prompted *The British Medical Journal* to suggest that a bottle be made strong enough to hold the gas in a liquid form, and of such weight and dimensions that it may be easily carried by the surgeon in his daily rounds. At present it is used by dentists from large gas-bags, into which it is placed as soon as made. Laughing gas is composed, according to the new notation, of two atoms of nitrogen and one of oxygen. These two elements are the principal constituents of common air. Laughing gas or nitrous oxyde can be liquefied under a pressure of 750 pounds per square inch when at the temperature of 45° Fahr. The most convenient and safe receptacle for the liquid would be a brass or copper tube, not more than a foot in length, and of such thickness as to resist a pressure of at least 1,500 pounds, or several small tubes of the ordinary thickness might be united side by side and made entirely safe.

To get the nitrous oxyde gas into a portable shape, is certainly "a consummation devoutly to be wished."

Treatment of the After-birth.

Dr. W. Canniff, M.R.C.S., England, in a communication to the *Canada Medical Journal*, March, 1868, says:

"The function of the placenta is well understood. It is at once a bond of union between the new being within the womb, and the mother; and the organ by which the offspring's blood is aerated and its growth and development sustained. The hour of utero-gestation, at which the placenta begins its duty, may be doubtful; but the moment when it ceases its work is sufficiently certain.

The onset of parturition at once affects the placental circulation; for, as each pain comes and the uterus contracts, there must be a correlative arrest of the flow of blood into the maternal portion of the placenta. The only effect upon the child is such as may be experienced by holding the breath for a certain length of time. As the passage of the child by the natural way into the world progresses, the effect upon the child must be correspondingly increased; not only because of the increasingly intensified and prolonged bearing-down pains, but the necessarily increased contraction of the womb as its contents are expelled, and a diminution of the cavity takes place. At last, when the expulsive power overcomes all obstacles, and the head of the child or any portion of equal dimension is born, there must attend more or less displacement of the placenta in its attachment to the uterine walls. The placenta cannot contract, while the uterus in the whole of its extent does, and this, it is submitted, necessitates a partial or complete separation at this time of the placental organ. The child during this last pain, has been, as during the previous ones, deprived of the vivify-

* I believe I am at liberty to mention his name—The Honorable John Sebastian Holmecken, Chief Trader and Surgeon H. B. C., Member of the Legislative Council of British Columbia, and formerly Speaker of the Legislative Assembly of Vancouver Island.

ing influence of the maternal blood; but does it now, after this pain, by which the head is born, is over, recover the vital stimulus? If the placenta remains attached it might, indeed it would. But what says experience? The writer speaks only for himself. He has noticed invariably that the child,—shortly after the head is born, when there should be, if the placenta remained attached, a return of maternal blood—makes an effort to breathe; there is a gasping. As the chest is confined within the pelvic cavity, the lungs cannot expand; if a long period elapses before another pain completes the birth, the child becomes asphyxiated, and may even die, at least render artificial respiration necessary to bring on the natural. So far, it is supposed, all has been done by the normal powers of nature, although if interference or assistance has been necessary, the subsequent steps will be the same.

When the child is completely expelled, it is submitted that the final expulsive effort of the uterus has entirely detached the placenta, unless there should be abnormal adhesions, and even then it is not of sufficient extent to allow a maternal flow of blood for the child. In other words, it seems most likely that when the head is born there is such a separation of the placenta from the uterus, that the child can no longer derive sustenance from that source, and consequently seeks it in another way, as is evidenced by its gasping; and that when the child is entirely born, there is undoubtedly a complete severance, unless there be abnormal attachment, which will require unusual interference to overcome, yet which cannot afford a channel by which the mother can continue to maintain life in the offspring. The child is born, and henceforth must seek the breath and food of life in another way—through other channels. Such being the case, we can see the utter futility of the accoucheur waiting a moment before severing the funis. The mistake of feeling the cord, to see if there be fœtal circulation, is palpable, for although blood may be felt passing from the child to the placenta, it does not from that action receive any benefit—acquire any change. It is obvious then, that the cord may be divided without delay, and, moreover, when the child is asphyxiated, the sooner this is done the better—the greater the chance of resuscitating the child by artificial respiration. The proper course is, not to wait until the child breathes, but to hasten the application of the ligature and division of the funis, that the child may be placed in the most favorable position and circumstances to produce animation.

The child is separated from the placenta and is properly breathing, what remains to be done? Will the medical attendant apply a bandage, and wait for a pain to expel the placenta, be the time long or short? Why should he wait? For five years the writer had been accustomed not to wait, but to proceed to assist nature in its removal, in the following manner: The time occupied in tying the cord and disposing of the child is generally about the same period as the intervals between the previous pains, and nature is found quite prepared to obey the solicitations of the attendant, and expel the after-birth, which in the majority of cases lies within the vagina. Taking hold of the funis with the right hand, the left is placed over the fundus of the uterus, and through the abdominal walls gentle manipulation is made, at the same time a moderate degree of traction is used in the proper direction upon the cord. According to my own experience, the uterus responds to this action, and the placenta comes away; and when such is not the case, it is found that some unnatural adhesions retain it. In all cases where the placenta does not come, I unhesitatingly introduce the hand and remove it. The dilated state of the parts, and the prepared condition of the hand, are most favorable for this procedure. But, says one, "meddlesome midwifery is bad;" and so it is, in so far as nature is thereby embarrassed or hindered. Is it, however, a meddlesome thing to tie the cord after the child is born? Certainly not, nor is it to remove the placenta, which now, a foreign body, only prevents the comfortable settling of the mother, whose jaded frame and excited mind so much require the absolute rest which only comes when all is over. It must be borne in mind, that in the great majority of cases, the placenta comes away by gentle traction and abdominal manipulation, and when it does not, there exists abnormal adhesions, rendering the introduction of the hand necessary; for it is taken for granted that no one would think of administering ergot to produce pains to expel the after-birth. And if manual interference is necessary, there can be no doubt that the sooner it be made the better. The argument that may be advanced, that it is better to wait until the woman can rest before disturbing her, it is ventured, is unsound. After great agony attending the birth of the child, the removal of the after-birth is but a small thing, unless some time has elapsed, so that the stretched and benumbed parts have had time to recover their sensibility.

And, still more, the opinion is advanced, that this procedure secures a more thorough contrac-

tion of the uterus, so as to prevent *post partum* hemorrhage, and also prevent the formation of numerous clots, the expulsion of which causes the distressing after-pains."

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Burt G. Wilder, whose fruitful anatomical studies we have before referred to, has recently extended his observations to plants, and in a late essay "On Symmetry and Distorted Symmetry in the Leaves of Plants," examines the question, why in certain trees one side of each leaf is larger than the other. His conclusion is, "that such peculiarities are true and original characteristics of the plants, and that they are produced by the so-called vital force acting in a definite way, and independently of either heat or gravitation."

From the annual report of the Museum of Comparative Zoölogy of Harvard College, we learn of the rapid increase of this unequalled collection. It is proposed to remodel it on the "synthetic" plan, that is, to display in one case specimens which illustrate both the zöology, comparative anatomy, embryology, and palæontology of each class. Prof. Agassiz, with the assistance of Dr. Wilder, has commenced this arrangement with the Selachians.

From the same quarter comes an article by Prof. H. R. Storer, republished from the *Canada Med. Journal*, on the Present Problems in Abdominal Section. It consists of a series of judicious remarks illustrative of a successful case of double ovariotomy operated upon by that widely known gynecologist.

At the annual meeting of the Committee on the Boylston Medical Prize Questions, on the first Wednesday in June, 1868, it was announced that no dissertation had been presented on either of the questions proposed. This is nothing less than disgraceful to the profession.

The following questions are proposed for 1869:

1. Food in Disease, acute and chronic; its variety, advantages, dangers, and relation to appetite.

2. The Surgical Treatment of Hemorrhoids, and the Surgical Treatment of Fistulo in Ano, with its result.

The author of the best dissertation on either of the subjects proposed for 1869, will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be transmitted, post-paid, to John Jeffries, M. D., on or before the first Wednesday in April, 1869.

The following are the questions proposed for 1870:

1. The Modern Pathology of Tumors.

2. Aphasia, or the Relation of the Brain to Speech.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1870.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of two hundred dollars.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M. D., in a legible handwriting, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition. By P. Cazeaux. Revised and Annotated by S. Tarnier. Fifth American, from the Seventh French Edition, by Wm. R. Bullock, M. D. With one hundred and seventy-five illustrations. Philadelphia: Lindsay & Blakiston. 1868. 1 vol., 8vo., pp. 1124. *Price*, cloth, $5.50; sheep, $7.50.

A new edition of the standard work of Prof. Cazeaux needs no lengthy introduction to the American public. It comes to us now enlarged and perfected, brought down to the latest advances in obstetrical science. After the death of the author, which occurred shortly subsequent to the appearance of the sixth edition, the whole work was carefully revised by Prof. Tarnier. The pathology of pregnancy is greatly extended; a sixth part is introduced, on obstetrical therapeutics; considerable new matter is added, on anæsthesia in labor, on the mechanism of parturition, deformities of the pelvis, and the artificial delivery of the after-birth.

The book is carefully translated by Dr. Bullock, of Wilmington, Del., and provided with a copious index. The engravings are well cut and printed, and the typography neat. Probably no book in existence contains so much sound practical information on obstetrics as this treatise of Cazeaux.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 8, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to requirelittle revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

REMUNERATION IN THE MEDICAL PROFESSION.

It is not our complaint that we do too much labor, knowing that we shall never get a cent for it—that we expect, when we enter a profession, the sole aim of which is to prevent and alleviate human misery. Nor is it that we so often receive as our only return for conscientious exertions ungrateful slander and injury—that every one who knows mankind, *diese verdammte race*, as King Fritz used to call it, is prepared for. Nor is it wholly that some who can pay and ought to pay, don't and won't pay,—this, too, in some degree, is of common occurrence in every business. But what we do complain of is that physicians themselves do all they can apparently to induce the general public to disregard the claims of their medical attendants.

How often do we see physicians underbidding one another? How often are the fee bills disregarded, lest a stingy patient should call in a cheaper doctor? In how many instances do practitioners of some respectability agree to attend families by the month or year—a degrading and injurious habit? Then by common consent not only is nearly all business done on credit, but collections are made annually, or at best semi-annually.

Dozens of families in every community live for years without paying a doctor's bill, not that they do not receive constantly his services, but that as soon as he insists on payment they discharge him and call in a competitor. Thus they go the whole round of doctors, and entirely escape any outlays for their services.

A physician is expected to come whenever sent for, at any hour, at any distance, to any case. If he refuses because he knows his time will be lost, he often loses good patients by the reputation for heartlessness he acquires. Should he place his accounts in the hands of a collector, a certain number of his good customers feel offended and probably send for some one else when sick next time.

As we said, the fault here lies in great measure in the profession itself. Let us have no more underbidding of any kind; let fee bills be carefully made and judiciously adhered to; let "black lists" of families who can and yet do not pay, be made out and distributed; let collections be more frequent, office advice always charged, and charged cash when possible, and promptitude in payments more decidedly insisted upon.

We welcome as an advance the intelligent action taken by the Mahanoy City (Pa.) Medical Society, a young organization lately started on a sound, sensible basis. Two of its resolutions are as follows, and we should like to see them adopted and acted on by every medical society in the country:

Resolved, That to attain the better procurement of just and reasonable compensation for professional services it is necessary to discipline our patrons to promptness in the settlement of bills for medical attendance; by promptness on our part in our efforts to collect *monthly* all bills standing unpaid; by demonstrating that we, like themselves, positively expect our pay and intend to collect it monthly.

Resolved, That each member report monthly the names of his *habitually* delinquent patrons; that a Record of the same be kept by the Secretary of this Society for the use of all the members; and in every case where such delinquent, with the obvious motive of defrauding the physician to whom he is indebted, applies to another physician who is a member of this society for Medical advice or attendance for either himself or family, the physician to whom he thus applies shall positively and firmly refuse to extend to said delinquent his professional services, unless said services are compensated in money or its equivalent at the time each and every service is rendered.

When these principles of action are carried into effect we may safely count on a great improvement in the social and financial position of physicians.

Notes and Comments.

Falling of the Hair.

Those of our readers—and we know there are many of them—who are troubled in spirit by a growing tendency to become barefooted on the tops of their heads, as the traditional Irishman expressed it, will thank us for telling them something about the experiments of Dr. Pincus, consigned to a recent number of Virchow's *Archiv*. To arrive at some rational method of treat ment, this investigator experimented with various medicaments on the back of his hand, so as to watch the influence they exerted on the hair there growing. He thus arrived at the conclusion that arsenic, veratria, cantharidin, and sabina made the hair brittle, while carbonate of soda and strong alcohol have no such effect. Rubbing the skin thoroughly increases the number of hairs and their length of life. Oleum sabinæ lessens the rapidity of capillary growth, but increases the vitality—the length of life—of the hair.

The most satisfactory treatment of alopecia pityrodes is the use of tannin, ℈iv., adipis, ʒj. The hair does not fall so much, and the increase is more obvious. Oleum sabinæ, gtt. v.—xxx. to ʒj. adipis, has this effect still more decidedly, but causes the hair to become harsh, stiff, and of a dirty color, and has an unpleasant odor. Besides this, it sometimes causes severe headache.

Quarantine in Texas.

Under the efficient management of Dr. Warren Webster, U. S. A., some excellent quarantine regulations have been adopted for the district of Texas. They include full instructions for cleansing and disinfecting ships and fomites, and no doubt will go largely to prevent the introduction of disease.

Vessels arriving from infected ports, but with a clear bill of health, and having had no case of contagious or infectious disease during their passage, are to be quarantined for the space of fifteen days, and purified. All such vessels as have had cases of yellow fever, cholera or epidemic diseases on board during their passsage, or after arrival at quarantine, are to be quarantined for the space of fifteen days, from the date of the disappearance of the last case, and thoroughly cleansed and fumigated.

By such precautions we may expect a cleaner bill of health than heretofore. The assertion that the yellow fever has appeared in Indianola is denied by the local papers. They say there is only one sick man in the town, and he has a broken leg!

The Reception of Prof. Gross in Europe.

A correspondent at Berlin writes, dated July 17th, in reference to the reception of Professor Gross by the eminent German Professors:

"When he arrived and was introduced, Prof. Virchow stopped his lecture for nearly half an hour to talk with him,—a formality exceedingly unusual with the Professor. Indeed, his assistant says that Virchow has never shown any one so much attention since he has known him.

Langenbeck and Von Graefe were also exceedingly attentive to Prof. Gross, and at the Clinic of the latter he had the opportunity of witnessing the rare operation of extirpation of a *cysticercus cellulosa*.

Dr. Marsden.

The press of New Brunswick and Nova Scotia speaks in highly complimentary terms of the unceasing labors of Dr. Marsden, in connection with public hygiene and quarantine. It is much to be regretted that he has not already received some official position to carry out his magnificent scheme. The government should not continue to ignore the peculiar qualifications and eminent abilities of Dr. Marsden in relation to public health.

Hooping Cough.

This disease is quite prevalent in Providence, R. I. In several cases recently, Dr. Snow has suggested the use of *carbolate of lime*, and in all cases it has apparently produced a marked effect in diminishing the frequency and severity of the paroxysms of coughing. Small quantities of the carbolate of lime are placed in saucers in the room where the child sleeps; merely sufficient to make the odor perceptible. The odor is like coal tar, and if not too strong is not unpleasant. The carbolate of lime is about the same price as chloride of lime, and for all disinfecting purposes is far more valuable than the chloride of lime.

Sunstroke.

A German paper (*Familien Blätter*, Detroit,) says, that in Egypt, the popular treatment of sunstroke is to pour a strong solution of common salt into the ears of the patient. It asserts (on what authority we know not) that this treatment is followed with great success, and adds, that at any rate, it can do no harm—which cannot but be assented to. Under the term "sunstroke," however, we must remember several radically different affections are summed up.

Louisville Medical Items.

The Medical Department of the University of Louisville has reduced its fees and its corps of professors—two moves which we regret to see—and talks of an expected endowment which will enable it to offer medical education *gratis*. If the institution in question were to promise a *better*, instead of a *cheaper* education, it would merit more praise.

A project is on foot to establish a new school of medicine in that city. The trustees of the institution have been appointed, but the details have not yet been determined upon. It is under the auspices of gentlemen well known in the medical fraternity of Louisville, whose names are said to be a guarantee of success.

A prominent physician of New Albany is earnestly advocating the establishment in that vicinity of a lying-in hospital. He puts the proposition upon the basis of morality and philanthropy, and says that the frequency of illicit births in New Albany, Jeffersonville, and Louisville, demands such an institution.

Longevity.

There is an old lady now living in that part of East Lyme, Conn., called Flanders, who is 108 years old this last June. Her physical energies are quite good and strong. She dresses and undresses herself without assistance. She eats and sleeps well, and walks out every day when the weather is suitable. Her faculties of hearing and memory are very much impaired, so that it is extremely difficult to make her hear, so as to understand what you say. In other respects, she does not appear to be more aged and infirm than persons ordinarily do, at the age of four-score years. Her name is Mrs. Jeremiah Ladd.

Nutritive Enemata.

In the *Deutche Klinik* for July 4, is an article by Dr. Runge, of Nassau, on the question, how long life can be supported by nutritive enemata. In a case of stricture of the œsophagus, which prevented entirely the introduction of food by the mouth, he sustained the patient for fifty-nine days by injections of strong meat broth, yelk of egg, and soups. During the first eight days the patient fell away rapidly, after which he retained his weight for several weeks, and after five weeks could still walk without difficulty. In the ninth week he was suddenly carried off by inflammation of the bowels, which supervened on some imprudence. The body was not very much emaciated at the time of death.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

The U. S. A. Medical Staff.

Editors of Medical and Surgical Reporter:

I think the status of medical officers in the Army deserves some attention from the profession.

Now that the movement has been made in the navy, I think we in the army would be untrue to our interest, and that of the profession at large, did we not also lift up our voices in favor of advancement.

Of course we can resign if we do not like the position we hold, but this would not affect the question at all, and would only the more strongly show the disadvantages of the position, and then to have the medical department of the army a temporary position, a mere stepping stone to some better place, is certainly an evil that requires remedying, and yet that is all that it is now; but few of the younger surgeons or assistant surgeons speak or think of the army as a life service, and Micawber-like, are continually "waiting for something to turn up," whereby they may leave it.

Medical officers have no authority (by law) except in their own department, and consequently they have no power to excuse a sick soldier or officer from duty.

A case recently came to my knowledge, when a medical officer was reprimanded for ordering the sergeant of the guard to cut down a man who was undergoing arbitrary punishment, by being tied up by the wrists, with his toes just touching the ground, in an atmosphere nearly at zero; his hands were livid and swollen, and the ends of his fingers already frozen.

Another, when a medical officer was reprimanded for excusing "the officer of the day," on account of serious illness, and the sick officer was made to get from his bed, and put on his sword and sash, and report to his commanding officer, and be relieved by him.

According to paragraph 14, U. S. A. Revised Regulations, officers of the Quartermasters and

Subsistence departments may be eligible to command, according to the rank they hold; whilst by paragraph 13, U. S. A. Revised Regulations, officers of the Medical department are ineligible to command, except in their own department. Now the question naturally suggested is,—Are not Doctors usually as fit to command as green grocers or hardware merchants? They are usually men of quite as great mental attainments, men of as great courage or executive ability, and the record of the past war will show that they are fully as liable to be killed or wounded in battle.

Many officers hold surgeons ineligible for duty as members of a general Court Martial, and other duties of this nature, while not a few "Line officers" hardly think of a surgeon as an officer. "He don't belong to *our* regiment," say they—"nor any other. He is not even a military man. He is a civilian in officer's clothes, merely a necessary nuisance," consequently any recommendations he may make concerning the health of the troops, as regards their food or its manner of preparation, their cleanliness, clothing or ventilation of their barracks, they jealously resist, as an unwarrantable interference in their company matters.

The service has much in its favor, but the evil overbalances the good. It insures an honest livelihood, presents opportunities for the observation of disease, allows time for study, and gives a definite standing in society; but on the other hand, the livelihood it gives is insufficient, and small, compared with similar responsible stations in civil life. The duty is frequently arduous, almost always unpleasant, and invariably subordinate to officers, frequently inferiors in rank, and commonly in intelligence. The service excludes the surgeon from society, for it exiles him to remote locations, isolates him from all congenial associations, prevents all interchange of thought with his brethren of the profession, constrains his personal freedom, and dwarfs his individuality by stringent military regulations. It forbids his wife the pleasure of a comfortable home, his children the blessing of an education, and expends the best years of his life as a wanderer on earth; and when at last, worn out in the service,

> "Old, old, wrinkled and gray,
> Tottering along the time worn way,"

he trips and falls into the grave yawning at his feet, a funeral escort of four companies, and three rounds of blank cartridge, "ends this strange eventful history," and some careless soldier, as he turns away from the newly made grave, pronounces his only eulogy,—"Poor 'Pills' is gone!"

There are now forty vacancies in the medical staff of the army, and this number is rather on the increase than declining, the new appointments hardly replacing the continual loss by resignation and death. These vacancies are not kept, because the number allowed by law is not *intended* to be filled up, for a large number of contract surgeons are continually employed to meet the actual requirements of the service, and Boards are in session each year to examine candidates, and fill these vacancies; but the reason they are not filled is, that any surgeon who has sufficient merit to pass these boards, knows he can do much better in every respect in civil life, and without the uncomfortable restrictions incident to the army.

The service requires the best medical and surgical talent in the country, for the lives and health of the officers and their families, and the lives, health and effectiveness of the troops, depends on the knowledge and skill of the surgeon alone—for there is but one medical officer usually at a post, and far away from any professional advice and assistance. And yet he is so cramped in his actual authority, so invidiously distinguished as as nobody, and so poorly paid for his services, that in a very short time he gets disgusted with his position and resigns, and gives the service the bad name that deters young surgeons of marked ability from entering it.

Now, in my opinion, this condition of affairs can be remedied effectually, by making the medical a separate and independent department—like the ordnance now is—and giving the surgeon—by law—the authority his peculiar duties require him to have. By enlisting hospital stewards, cooks and attendants for the medical department alone, they would then be under the entire control of the surgeon, and his patients could then get properly cooked and wholesome diet, and careful nursing and attention, which now is the case only in the rarest instances; for the company commanders invariably object to the surgeon taking a man of good qualities from their companies for a hospital attendant, and so he usually has the worthless scalawags of the command to entrust his patsents to. And even when—rarely—a good man is obtained from the company, he has to attend inspections, parades and drills, and is frequently forced to be absent when needed in hospital. It has occurred to me frequently, to come into my hospital and find cook and nurses all out at drill or inspection,

and patients extremely ill, suffering for attention. Then, too, the art of cooking properly, requires time and experience to learn, and almost every surgeon has been repeatedly annoyed by having his cook taken away from him and returned to his company, just when he had learned to cook food fit for a sick man to eat; and he has a "green hand" to take his place, and commence the business of teaching *him*, only perhaps to go through the same experience as soon as he is able to cook decently.

Then the surgeon should have the authority his peculiar duties require; this would not at all interfere with military authority or discipline, and only be a benefit to the service. In the English army a surgeon has power to stop punishment or forbid a parade, and yet this authority does not at all conflict with the most stringent military discipline. In our army the surgeon can only recommend, and his recommendation usually meets the same result that unasked advice receives, and is either unheeded entirely, or if acted on, in so lame and impotent a manner as to render it entirely useless; and then the result is cited as an instance of the surgeon's foolishness in meddling with military matters.

If the suggestions here made were carried out, it would elevate and enoble the medical staff of the army, and would raise the standing of the surgeons, for it would then allow an honorable gentleman to occupy the position without a continual humbling of his professional pride and wounding of his "*amor propriæ*," and from these reasons would be a position worth attaining, and worth keeping, by the most learned and skilful surgeons and physicians in the country.

WILKINS MICAWBER.

Obligatory Medical Attendance.

EDITORS MED. AND SURG. REPORTER:

Reading the article in number 2 of your pages concerning "Enforced Medical Attendance in Prussia," leads me to ask what is the law concerning the attendance of the physician in our country. People, and especially *country people*, seem to think that a doctor is compelled to go at all times and hours, no matter if the one calling him owes him ever so large an amount, and where no satisfaction pecuniarily can be obtained (but could if the debtor would), and if he does not attend every such call, no matter to how much inconvenience and expense it places the Doctor, he is unfeeling. The patient can go to the farmer or mechanic to deal, and they, knowing him to be a poor customer, quickly tell him "*cash is my principle.*" This is all right in his eyes; but let him send for the doctor, and the doctor refuses to go, it is a hard affair.

New Jersey. W. P.

[This state of things will only be remedied when the public is taught that the physician must be paid as certainly and as regularly as any other business man;—and this will only be when physicians cease to descend to dirty tricks, and submit to indignities to gain practice.—EDS.]

Phimosis.—Treatment by Dilatation.

EDITORS MEDICAL AND SURGICAL REPORTER:

In each of vols. xvi., xvii., and xviii. of your valuable journal, I have noticed an article on the "Treatment of Phimosis by Dilatation."

Soon after reading the article in vol. xvi., by Ass't Surgeon E. COUES, U. S. A., a freedman applied to me, affected almost precisely as the case given by Surgeon COUES, viz., a chancre on the glans, beneath the prepuce, and situated so far back as to be inaccessible by reason of obstinate phimosis.

It was very evident, that unless this stricture was first overcome, a cure could not be effected without much difficulty and persevering attention.

The apparatus of Surgeon COUES not exactly suiting me, I concluded to devise another, involving the same principle. Taking a piece of watch-spring two and a half inches in length, I heated the ends and bent them into the form of a small hook, one-sixth of an inch long, then coated or covered these hooks with sealing-wax, (to prevent irritating the parts when applied,) making them perfectly smooth and round.

Thus prepared, I next bent this spring into the form of the letter U, and inserted the ends or hooks under the edge of the prepuce, between that and the glans. I let it remain in this position for four hours that day, repeating it the following day. On removing it, the stricture was entirely cured, the glans and chancre could be exposed with perfect ease.

The chancre was soon cured, and the patient discharged.

The advantages I claim for this apparatus, are, viz.

1st. The materials cost nothing, scarcely.

2d. The apparatus weighs almost nothing.

3d. Any one can make it in ten minutes.

4th. It is self-retaining, and can be worn without pain or inconvenience.

5th. The tension is uniform and constant.

6th. It effects a cure sooner and with less difficulty than any other apparatus that I have seen advised.

7th. Dilators of any required strength can be made by simply using springs of different width and thickness.

These broken watch-springs can be easily obtained of almost any watchmaker, free of cost.

J. W. M. Shattuck, M.D.

Columbus, Miss.

News and Miscellany.

Otsego County (N. Y.) Medical Meeting.

The annual meeting of the Otsego Co. Medical Society was held at the Hospital in Cooperstown, on the 21st instant.

Dr. Sprague, in behalf of a committee appointed at the last meeting, reported that in the opinion of said committee, it was not advisable for this Society to take any action in relation to legal enactments touching the practice of medicine and surgery, and that accordingly none was had. Report accepted and committee discharged.

The President appointed Drs. Sprague, Leaming and Walker a committee to nominate officers for the coming year, who reported as follows:—

For President, Dr. Cook; Vice-President, Dr. Van Horne; Secretary, Dr. Lathrop; Treasurer, Dr. T. B. Smith.

Dr. Bassett moved a committee of five to procure a list of all persons claiming to practice medicine in Otsego county, of whatever system; to classify the same, and report thereon at the next meeting. Carried.

The President appointed Drs. L. H. Hills, Ball and Bassett to read essays at the next meeting.

The Society then adjourned,

Horace Lathrop, *Secretary.*

Terrible Disaster in Maryland.

During the late flood at Ellicott City, Md., a most sad disaster deprived Dr. Owings, of that city, of every member of his family. The Doctor had, but a few minutes before, left his family, much against the remonstrances of his wife, who had become alarmed at the threatening aspect of the sky; and only after three messages were sent, he left—to return to it no more. He had barely reached the bridge on his return, then looking forward, he saw the flood coming down, and all the houses on the small breadth of land between the raceway and the river, not only surrounded with water, but that the flood had already driven them into the second story. Dr. Owings took refuge in the house of Mr. Gibbons, not a hundred feet from his own dwelling, and called to his wife, advising her how she should act for the safety of herself and children by her side. Speedily the water drove her and the children to the roof, where, clinging to the chimney, they seemed somewhat secure, but the rocking of the house—a three-story frame—soon caused the chimney to fall. Meanwhile, Mrs. Marschane, being in the house above, reached up to Mrs. Owings a baby three weeks old, supposing it would be safer there than in her own maternal arms. Mrs. Owings was seen to hold it as long as she lived.

Dr. Owings, calling across the race, as his house floated from its foundation and lodged against the next below, directed that the walls of the adjoining houses should be cut through. This was done by a colored servant of Dr. Owings, and thus, as one house after another fell, working most heroically, this noble man cut through the walls of seven houses, until they came to the last in the row. This house was occupied by Mr. and Mrs. Partridge, who had sold it very recently, and were to leave it on the following day for a new home in Virginia.

In this house all the occupants of the six houses above were assembled. All the other houses had fallen and drifted away, but this, for a time, stood firm against the torrent, and there was a slight hope that it might be saved. Suddenly it was seen to waver, and in a moment more, with all its precious burden of children, women, and men—men powerless against that flood, although within a hundred feet of solid ground—it fell with a terrific crash, and not one soul was saved.

Dr. Owings lost his reason, and endeavored to throw himself into the current, and was only held back by strong men.

Remarkable Dental Operations.

The New York correspondent of the *Continental Gazette* of Paris, of May 16th, mentions two remarkable operations in oral surgery in which the advantage of the dental art were conspicuously displayed:

"The first was the dissecting of the lower jaw and half the upper, the supplying of new jaws of vulcanite rubber, a new palatine arch, and artificial palate. The operation was performed by Dr J. M. Carnochan, and the artifical replacement by Dr. G. H. Perrine, decidedly the most original and adventurous practitioner in operative dentistry we have. I have seen a letter from the patient, written at Oregon City, and he denominates the case a perfect success, after having an

experience of several months; he cannot sufficiently express his gratitude. In the second case there is amputation of the lower jaw, and replacement in rubber, and it involves the loss of three-fourths of the tongue, totally destroying articulation. Dr. PERRINE has this case, and undertakes to supply an artificial tongue which shall articulate distinctly, besides accomplishing the remainder of the restoration. These are the most remarkable cases, on record and deserve to be widely noticed. Dr. PERRINE is a young man, enthusiastic in his profession, and remarkably successful.

"The last case has, I learn since, been complete in restoring speech and the contour of the features. Greater interest is attached to the first mentioned case, from the fact, that the patient applied to the best practitioners in Paris; not receiving sufficient encouragement he came to New York for treatment. In view of all the facts these are the most remarkable combined triumphs of surgery and dentistry."

Mortality of Cincinnati.

The total mortality in Cincinnati for the first 18 days in July was 396. Of these the following were probably either cases of insulation or more or less directly the result of the great heat, the thermometer indicating most of the time a range of from 90° to 100°.

Apoplexy,	17
Sunstroke,	25
Inflammation of Brain,	19
Congestion of Brain,	23
Total,	84

No such continuous term of heat has ever been experienced in this city.

Insanity in Great Britain.

The report of the Commissioners in Lunacy lately issued, records 33,213 patients in the various institutions of England and Wales on the 1st of January, 1867, against 31,917 in the previous year. The inmates were distributed as follows: 25,680 in county and borough asylums, 2,282 in registered hospitals, 2,546 in metropolitan licensed houses, 2,097 in provincial licensed houses, and 608 in naval, military, and State criminal asylums; of these numbers, 27,361 were pauper lunatics, and 5,852 private lunatics. Since January, 1867, 3,572 were discharged as recovered, and 3,565 died, including 25 by suicide. Of the 39,219 remaining in January, 1868, 3,384 were deemed curable, 435 were found lunatic by inquisition, and 675 were criminals. In Colney Hatch Asylum the patients numbered 2,036 on the 1st of January, 1867; the deaths during the year 1867 were 174, and the number discharged as recovered was 105; the admissions during the year were 306. On the 1st of January, 1868, there were 2,035 patients, only 62 of whom were deemed curable. The principal causes of death were paralysis, epilepsy, phthisis, pneumonia, bronchitis, and exhaustion after mania. The mortality was lower than usual among females, but higher among males. No less than 380 applications for admission were refused from November, 1866, to November, 1867. The average numbers attending chapel were 270 men and 367 women; and not more than 300 altogether attended the general entertainments. In Hanwell Asylum the patients numbered 1,723 on the 1st of January, 1867; the deaths during the year were 177, and the number discharged as recovered was 102; the admissions during the year were 344. On the 1st of January, 1868, there were 1,723 patients, of whom 87 were deemed curable. At the visit paid by the Commissioners to this asylum in December, 1867, the records of employment showed that 789 of the patients were employed—viz., 239 men and 550 women; of the former, 60 worked on the farm and land, and 55 at trades; of the latter, 235 were engaged in needlework, 91 in the laundry department, and 23 in the kitchen, dairy, and bakehouse. The chapel attendance on Sunday was about 550. The asylum was much overcrowded, and the necessity of making further provision for the pauper lunatics of the county is a matter of pressing urgency.

A Pretender.

A peripatetic specialist is now visiting the New England cities advertising to "treat most successfully, eye, ear, throat, lung, chest diseases, catarrh, and asthma," and calling himself "Professor and Clinical Operator in one of the Philadelphia Medical Institutions." This institution is a broken-winded eclectic concern, and neither it nor any of its self-styled Professors are recognized by reputable practitioners in this city. We have received several letters of inquiry about him, and warn our readers against being deceived by his pretensions.

——"Doctor ——— wants to know if you will pay this bill now?"

Old gentleman looks over the items, and replies:

"Tell Doctor ——— I will pay him for his medicines, and return his visits."

—— The Cattle Disease, acccording to an official note published in the Paris *Moniteur*, has completely disappeared from Western Europe, and is dying out in the districts of Central Germany most liable to it. The French Minister of Agriculture has therefore reëstablished complete liberty for the cattle trade on the frontiers, and in all the ports.

—— Since it has been so clearly shown that cholera extends by transmission, some attempts are being made to check its future invasions of Europe. The French Government, at the request of the "International Sanitary Conference," has established at Djeddah, which is the centre of intercourse with Mecca, a Doctor of Medicine, whose duty it will be to keep a constant look-out on sanitary matters, and to furnish reports to the Sanitary Councils at Constantinople and Alexandria. A French hospital has also been established at Suez, as a very important point for transmitting the observations that may be made. Another new medical post has been established at Teheran, in order to study the progress of epidemics in Persia and the neighboring provinces.

—— The Medical Society of Harford county, Md., extends a general invitation to the profession to be present at its approaching meeting, Aug. 11th, at Bel Air.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Hanson—Bill.—In West Topsham, Vt., July 29th, at the residence of the bride's father, by Rev. S. L. Eastman, Dr. Lester W. Hanson, of Genesee, Mich., and Miss Emma F. Bill, daughter of Mr. R. M. Bill.

DIED.

Arnold.—In Yonkers, N. Y., William Rowland, youngest child of Dr. E. S. F. and Eliza Arnold, aged eighteen months.

Bair.—July 17th, 1868, Mary Emma, only daughter of Dr. John B. and Susan E. Bair, aged 8 months and 17 days.

Brickett.—In this city, July 26th, R. Minnie, eldest child of Dr. George E. Brickett, aged 15 years 8 months.

Gilbert.—In this city, July 28th, David Gilbert, M.D., aged 65 years and 1 day.

Dr. Gilbert removed to this city many years since, from Gettysburg in this State, in response to a call to the Professorship of Surgery in the Pennsylvania Medical College. He was creditably connected with that institution until his resignation within a short time of its disbandment, and was, during his residence in this city, one of our prominent and most reliable practitioners of medicine.

Rice.—Among the victims by a malarious fever raging on board the United States Steamer *Ossipee*, at Acapulco, on the 15th ult., was Dr. J. McD. Rice, eldest son of Rev. W. M. Rice, D. D., of Philadelphia.

Dr. Rice was universally esteemed as an officer of great promise, and an ornament to the service. With this intelligence of his death comes also the announcement from Washington, that he had just been relieved from duty on the *Ossipee*, and ordered to return home.

ANSWERS TO CORRESPONDENTS.

A Subscriber.—The case you describe appears to be one of miasmatic poisoning, but the symptoms you give are too general in character to justify a decided diagnosis.

Dr. I. W. M., of Pa.—We think a Higginson's syringe would not be of much advantage in the case, as it would seem doubtful if the fluid could pass through the nasal foramina. Probably you have to do with enlargement of the turbinated bones or polypus. Unless you interfere surgically, its result will probably be unfavorable.

Dr. M. H. L., of O.—You will have to obtain the pessaries you wish from Tieman, of New York, as they are not kept by instrument makers here. Elastic stockings cost from $10, for cotton, to $16, for silk, per pair.

Dr. H. H., of Pa.—The price of artificial eyes, as given in the Reporter, was correct as applied to *animal* eyes. *Human* artificial eyes retail at $25 to $30 per pair.

Dr. S. M. H., of Pa.—"Allow me to inquire how you would treat a person who has a short, hard cough, and drinks liquors pretty largely?" With such a complete diagnosis furnished, we have only to say that we would stop his grog

Dr. J. W., of Ills.—An unbleached skeleton, wired, costs about $35.00; bleached, about $45.00.

Dr. J. M. C., of Md.—You will find full information about the use of sponge-tents in uterine disorders, in No. 2, Half-Yearly Compendium of Medical Science.

METEOROLOGY.

July.	20,	21,	22,	23,	24,	25,	26.
Wind	N. E.	N. E.	S. W.	N. W.	N. E.	N. E.	N. E.
Weather	Clear.	Rain.	Cl'dy.	Sh'r.	Rain.	Clear.	Cl'dy.
Depth Rain.		1 3 10			4-10		
Thermometer.							
Minimum	69°	68°	68°	67°	67°	65°	65°
At 8, A. M.	77	77	79	75	74	75	74
At 12, M.	83	81	86	84	75	82	81
At 3, P. M.	84	75	85	83	76	85	80
Mean	78.25	75.25	79.50	77.25	73.	76.75	77.
Barometer.							
At 12, M.	30.1	30.1	30.	29.9	29.9	29.9	30.1

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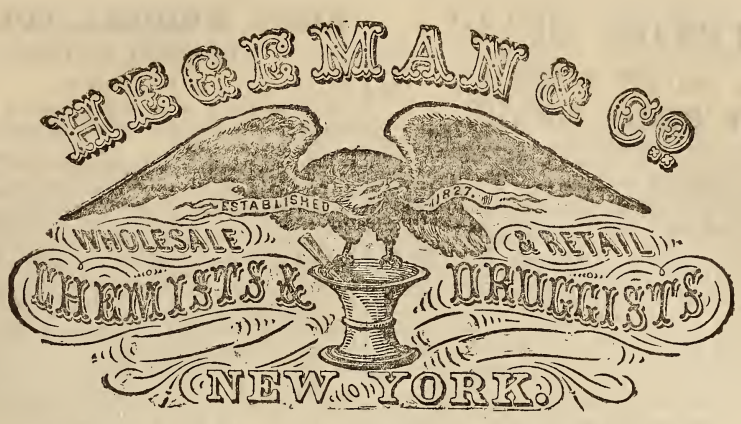

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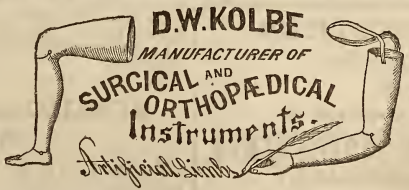

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REFERENCES: SAMUEL HENRY DICKSON, M.D., formerly of Charleston, South Carolina, now Professor of Theory and Practice of Medicine in the Jefferson Medical College of Philadelphia. Drs. JOS. PARRISH, EDW'D HARTSHORNE, JOHN BELL, J. B. BIDDLE, S. W. BUTLER; also, JOHN C. MERCER, M.D., Williamsburg, Va.

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In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

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AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

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Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

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Quiniæ Sulph. 2 grs.	2 75	13 50
Quiniæ Sulph. 3 grs.	4 00	19 75
Quiniæ Comp. { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. / Acid Arsenious, 1-60 gr. }	1 75	8 50
Quiniæ et Ferri, { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. }	1 75	8 50
Quiniæ et Ferri. et Strychniæ. { Quin Sulph. 1 gr. / Ferri. Carb. (Vallet's) 2 grs. / Strych. Sulph. 1-60 gr. }	1 75	8 50
Quiniæ et Ferri et Valer. 2 grs.	3 50	17 25
Rhei. U. S. P.	75	3 50
Rhei. Comp. U. S. P.	75	3 50
Rheumatic. { Ext. Coloc. C. 1½ grs. / Ext. Colchici. Acet. 1 gr. / Ext. Hyoscyam. ½ gr. / Hydg. Chlor. Mit. ⅛ gr. }	90	4 25
Santonin. 1 gr.	1 00	4 75
Zinci Valerian. 1 gr.	1 00	4 75

SUGAR COATED GRANULES.

Acid Arsenious. 1-20 and 1-50 grs.	40	1 75
Aconitia. 1-60 gr.	75	3 50
Atropia. 1-60 gr.	75	3 50
Corrosive Sublimate. 1-12 and 1-20 gr.	40	1 75
Digitalin. 1-60 gr.	75	3 50
Elaterium. (Clutterbuck's) 1-10 gr.	95	4 50
Extract Belladonna (English) ½ gr.	40	1 75
" Cannabis Indica. ¼ gr.	60	2 75
" Hyoscyamus (English) ½ gr.	40	1 75
" Nux Vomica. ½ gr.	40	1 75
Leptandrin. ½ gr.	40	1 75
" ¼ gr.	50	2 25
Mercury Iodide. ¼ gr.	40	1 75
" Red. 1-16 gr.	40	1 75
Morphiæ Acet. ½ gr.	75	3 50
" Sulphate. 1-10 gr.	60	2 75
" " ⅛ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ¼ gr.	1 10	5 25
" Valerianate. ⅛ gr.	95	4 75
Podophyllin. ½ gr.	40	1 75
" ¼ gr.	50	2 25
Potass Permangan. Chryst. ½ gr,	50	2 25
Quiniæ Valerianate. ½ gr.	2 00	9 75
Silver Nitrate. ½ gr.	75	3 50
Silver Iodide.	75	3 50
Strychnia, 1-20, 1-40 and 1-60 gr.	40	1 75

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

FRACTURE AND AMPUTATION OF LEG.

By E. A. Oppelt, M. D.,
Of Tuscarawas, Ohio.

I shall perhaps interest some of your readers by relating my own case.

On the 8th of November, 1867, I had a fall, which was occasioned by the slipping of a ladder, upon which I stood about ten feet above the ground. It resulted in a fracture of my leg, just above the right ankle. The tibia protruded through the boot-leg, and the fibula was fractured in two places, about an inch apart, thus constituting a compound comminuted fracture.

Dr. Eckman was sent for, who examined the wound, removed several spiculæ of bone, and adjusted the fracture, whilst I was partially under the influence of ether. After he had the limb dressed, he said, if it were his leg, he would rather have it off than on. He proposed to send for Dr. Buell, of New Philadelphia, who arrived next morning. After due examination, the latter gave it as his opinion, that I would get along very well, and be able to practice in a few months; and adjusted a splint which was better adapted to the fracture than the one that was on before. Dr. Eckman attended me every day. The wound discharged freely at first, the pus being rather unhealthy in character. About the fourth week I took erysipelas, which extended up to the knee, but it was soon arrested by the application of tr. of iodine. In about a week later, an abscess had formed about two inches above the fracture, and one on the external malleolus. Dr. Buel was again consulted, and it was agreed to remove the present dressing, and to use a fracture-box with the larger part of the sideboards removed, and two iron straps fastened to the upper edge of the sideboard of the fracture-box, and to suspend the leg and foot on muslin strips fastened to the iron straps, which were also fastened to the footboard of the box.

This arrangement gave them room to open the abscesses and to dress them. I soon suffered a great deal from pain caused by the weight of the limb on the bandages or strips of muslin; my heel also began to slough. I proposed a new box, to be made with sideboards on hinges (from the middle of the leg to the footboard) so that they could be let down in order to dress the wounds or openings. After I had my limb placed in that, I felt much better, the pressure being equal when the bran was packed in around the limb. But the least movement of my leg caused the bones to move at the fracture, the foot being fastened at the footboard. I then had the box suspended by two ropes, causing two pieces of scantling, two inches square, to be mortised together in an L-shape, one end fastened to the foot of the bed, and the other to extend toward the head of the bed. The piece toward the head of the bed had two short pieces of scantling mortised into it, through them were bored holes one and one-half inches in diameter, through these was put a round shaft or windlass, with crank, to which the ropes were fastened. By turning the crank, the box could be gradually elevated, and kept so by keeping the crank from turning, by tying it with a string, or by putting holes through large enough to put a tenpenny nail through them. The box being thus suspended, the least movement caused it to swing, and consequently there was no strain on the parts fractured.

This method of elevating the limb is better than that recommended by Hamilton in his work on Fractures and Dislocations, especially in cold weather, as it does not interfere with the coverings as much as his. By turning the crank, the limb

can be elevated more steadily than by his apparatus.

Notwithstanding the pains taken by myself and the attending physicians, after lying two months, I had a chill, which lasted about two hours, and was followed with fever, vomiting, and looseness of the bowels, cessation of the discharges of the wound, and swelling of the limb. It was now evident that my only chance was in amputation, and that seemed rather a slim one, as I was considerably reduced already from the continued discharge of pus for over two months. Drs Buell and Curry, from New Philadelphia, were sent for, who soon arrived, and as soon as possible proceeded to amputate. Dr. Curry administered chloric ether, whilst Drs. Eckman and Buell performed the operation half-way between the knee and ankle.

I was entirely unconscious until the last stitch was being put in, which caused me the most intense pain that I ever experienced. I took two ounces of port wine previous to the operation, and continued to take from half an ounce to an ounce, for several days after, every two hours. My appetite was entirely gone. I loathed beef-tea and everything else except sweet cream, as much as I would a dose of oil or salts. I therefore lived on sweet cream and port wine until my appetite returned. I am quite certain that if I had not got the wine or its equivalent, I would have died. I never took anything that seemed to revive me as much as that. Afterward my appetite returned, and I took no more stimulants until I commenced walking on crutches, when I got another quart and used it. The fracture was examined and found to contain a number of spiculæ of bone. Some of them were driven in between the tibia and fibula, into the ankle-joint. Could we have known this at first, I would have escaped a great deal of suffering and danger by immediate amputation.

In about four weeks after the amputation I took a chill, which was followed by erysipelas extending up the thigh, which was again checked by the application of tr. of iodine. In about fourteen days after that I was again seized with chill and erysipelas. For several hours previous to the chill I experienced considerable pain in the inguinal glands. The fever accompanying the erysipelas was intermittent, and was arrested with quinia. The next time that I felt pain in the glands, I took twenty grains of quinia in divided doses, which kept off the attack of erysipelas. In eight weeks after the amputation, the stump was healed over, except that there was a scab on the end of the tibia, which had protruded through the integument after the wound was nearly healed.

Four months after the amputation, I started for the east, and obtained a Palmer leg. Although the stump was very tender, I could walk a little on the limb, as there is no pressure on its extremity. It is now about six weeks since I commenced to wear it, and I can walk very well, and attend to my profession again, as usual.

IMPRUDENT APPLICATION OF CARBOLIC ACID.

By Prof P. H. Vander Weyde, M. D.,
Of New York City.

Mr. Berger, a London chemist, lately killed himself by carbolic acid, in attempting to introduce a drop of it in a tooth for the cure of the tooth ache. The London journals say that the remedy was a new one, and that he died as a martyr of science by attempting to test this new remedy, but when we take into consideration that creasote has been used for years for this same purpose, and that this substance owes its principal properties to the carbolic acid it contains, (it being in fact only impure carbolic acid,) there is nothing new in the remedy, besides some dentists in this country have substituted it for the creasote, and I have in the last two or three years prescribed it exclusively for the same purpose. The way to use it is to place a drop on a small cotton plug, and introduce it into the cavity, it is a way which will suggest itself to any one of common sense, even one who has never seen dental operations. Mr. Berger, however, acted in a most foolish, stupid, and imprudent manner. Dr. Metcalf testified that he (Berger) had fixed an elastic tube 10 feet long to a large glass jar with carbolic acid, had then seated himself in a chair, and

inserted the end of the tube in his mouth, for the purpose of allowing a drop of the liquid to fall into his tooth. He had a brass regulator on the tube to control the quantity of the acid, but it did not act right, and the volatile poison overcame him, he became giddy and fell. Being alone in the room the poison continued flowing, the heart's action was stopped and he died. Comment is unnecessary.

Editorial Department.

Periscope.

Extirpation of a Scirrhous Uterus.

Dr. A. B. Jones, of Portsmouth, Ohio, in a paper read before the Scioto County Medical Society, (*Western Medical Journal*, April, 1868,) says, I beg leave to submit a succinct account of an operation in which I extirpated a scirrhous uterus *in situ*, assisted by Drs. Cotton, Pixley, Mecorney, Finch, and Wahenswants.

I was called, on the 25th of November, 1867, to see Mrs. Francisca Becker. I found her with a scirrhous uterus; she had been put through the usual treatment for "change of life," but was finally consoled with the intelligence that she had a polypus, and that as soon as it would grow a little larger, it should be removed. Mrs. Becker was in her forty-ninth year, of German extraction, and born in Witna, France. She emigrated to the United States in 1853, and had been living in Portsmouth from that date until her death, which took place December 12th, 1867. She had been a strong, muscular woman, well developed, and had always been accustomed to hard labor up to the time of her last illness, which lasted a little over two years. During the last eight months of this period she was confined to her room almost constantly, suffering untold agony. The history she gave me of her suffering, simply amounted to that laid down in the books for scirrhous uterus. With the aid of the touch, the sound, and the speculum, I had no trouble in forming my diagnosis. I told her the character of her trouble, when she told me that her grandmother had died of cancer of the breast. She then asked me if I could cure her. I told her that I had been educated to believe that there was no cure for cancer but the knife. She wanted to know if I could remove the entire womb. I replied that I could, but I did not think her chances of recovery very promising.

After being informed of the risks she would encounter, she decided upon having an operation performed. I then consulted the leading physicians of the city, and fixed upon the 12th of December for the operation. I put her upon quinine, iron, and brandy, for ten days. Such a course of treatment was indicated, even if I had not intended to operate. Being placed in a proper position, chloroform was administered by Dr. Cotton; she went under the influence of it very kindly. I then, with a single stroke of the scalpel, opened the abdomen to the peritoneum, from about an inch above the umbilicus to the pubes. I then opened the peritoneum the entire length of the incision. The uterus being almost impervious, I was unable to introduce a sound higher up than about one and a half inches. I did not empty the bladder entirely, thinking I could mark its boundary better, and be less apt to wound it, if it contained some fluid. The omentum welled up like a fleece of wool, the bowels were kept in position by the assistants. The remaining part of the operation had to be performed entirely by the sense of touch. I readily found the uterus, but could not raise it half an in inch from its bed. I had relied much upon my sound, thinking that when I had cut down, I could then force it in, and tilt the fundus of the uterus up, until I could ligate the vessels and divide the broad ligaments, but in this I was entirely foiled. I then discovered that the disease had eaten through the walls of the uterus into the cavity of the pelvis, about one inch and a half above the os, forming an opening nearly one inch in diameter. Finding the broad ligaments much contracted by the long induration of the uterus, and all my efforts futile in raising the organ up, I tried to transfix the vessels with a needle armed with a whip-cord ligature, but here was again foiled; my needle was too long (being about two and a half inches in length), I could not turn the point of it upward without danger of wounding the intestines, neither was there space enough in the pelvic cavity. If my needle had been about one inch and a quarter long, and nearly in the shape of a half circle, I could have succeeded, without much serious trouble, in getting my ligature through and around the upper half of the broad ligament. Having the point of my needle inserted just below the ovaries, I guarded its point with the index finger of the left hand, and with its sharp edges I made an opening half an inch in length; I then introduced the forefinger of my left hand with it, withdrew the needle, carried a ligature down with my right hand, introduced it, and without a

great deal of trouble secured the vessels. I then secured those on the opposite side in the same way, except that I used a sharp-pointed scalpel to make the opening in the broad ligament, instead of the needle. I then, with a blunt pointed curved bistoury, divided the upper half of each broad ligament; I was then enabled to tilt the fundus of the uterus to a level with the abdominal walls, and then, without a great deal of trouble, passed a ligature around the lower half of the ligament, and divided it as I did the upper half. It now only remained for me to separate the neck from the vagina; this I had to accomplish entirely by the sense of touch; and with the bladder anteriorly, a portion of the small intestines between it and the uterus, and the rectum posteriorly, it required great care to keep from wounding some of them. But, with the aid of a blunt-pointed bistoury, I succeeded in separating it, having previously peeled the peritoneum from it, with my finger-nails and the handle of a scalpel. The incision was secured by sutures, no adhesive plaster was used. I do not think she lost more than about two or three ounces of blood during the operation, which lasted, from the time of the first incision until it was closed, forty-five minutes. She soon rallied from the effects of the chloroform, and appeared strong and cheerful. I remained with her about three hours, then went home, but was sent for in about an hour. When I arrived, I found her sinking very rapidly. She lived about five hours and a half. I was unable to make an autopsy, consequently, I cannot say positively whether she died from internal hemorrhage or from nervous shock. The extirpated uterus measured five inches in length, seven and three-quarter inches in circumference, and weighed six and a quarter ounces. The disease extended through the entire organ; it was almost impervious, admitting only the smallest-sized probe—the surrounding tissues felt natural. I know not whether the attempt has ever been made before to extirpate a scirrhous uterus *in situ*. The success or failure of a single operation of such magnitude, I opine, would weigh but little with the thinking and well educated surgeon. Simpson and others give it as their opinion, and autopsy confirms it, that cancer is less liable to affect surrounding tissues, when located in the uterus, than when seated in any other organ. Langenbeck reports a case in which he extirpated a procident scirrhous uterus, in which the patient enjoyed good health for twenty years afterward, and even then did not die of cancer. No such results have ever been obtained from extirpating scirrhous tumors when found in any other organ. These facts are pertinent if the operation is practicable at all; and, without wishing to seek notoriety, or shirk responsibility, I give it as my opinion, that there is no more danger, immediate or remote, to the patient, from extirpating the scirrhous uterus *in situs*, than there is from other operations that are sanctioned by the books, and almost daily performed, and certainly there are but few, if any, more imperative.

The Value of Medicine.

Mr. Willmott, a London chemist, in investigating the true value of medicine in the treatment of disease, (*The London Chemist and Druggist*, June 15th,) submitted to a careful examination one thousand prescriptions, taken *seriatim* from the files of a dispensing shop. His results are curious. He gives them as follows:

"Whilst the Pharmacopœia contains 768 medicaments, simple and compound, medical men do not adopt in actual practice more than 485; and what is rather remarkable, three-fourths, or 75 per cent.. of these occur less than once in every 100 prescriptions written; so that if we take the remaining fourth, or the leading remedies, as they may be called, we shall find that these are prescribed three times where the rest are only prescribed once. The inference to be drawn from this is, that if a medical practitioner were to treat disease with these 120 leading medicines, according as he may select them, and no others—presuming the whole 485, now in use, to be of equal value—the 'odds,' if I may be allowed the expression, would be one to three against his success, as compared with the practitioner who held the advantage of the entire range of remedies; but as these medicines are not all of equivalent value, as shown by the fact that 75 per cent. occur less than once in every 100 prescriptions, the advantage of the additional number above one-fourth would be so reduced as to render the chances of the two practitioners very nearly equal. We shall see what further inference can be drawn in this direction.

It is impossible to pass over the fact that a few medicines take the lead in medical practice to the comparative exclusion and neglect of all the rest. Quinine heads the list by a long way, then comes chloric ether, bicarbonate of potash, aromatic spirit of ammonia, iodide of potassium, mercurial pill, compound extract of colocynth, and so on. Twenty-five of these medicines show an average occurrence of one in *seventeen* prescriptions, whilst those which remain, taken collectively, show an average occurrence of once in

one hundred and sixty-six prescriptions. This is scarcely, perhaps, a fair calculation, but the difference is a very wide one, and serves to show where the greatest reliance in the power of drugs may be found to exist.

With regard to the prescriptions examined, it is well worthy of note, that of the 485 medicines ordered or prescribed, 429 are to be met with in the Pharmacopœia; a result showing the desirability of a thorough knowledge and appreciation on our parts of this important work.

It is perhaps, however, in the form of simple remedies that we shall best estimate the value of the medicines prescribed by the physician. Here the number is reduced to 171, and the order of things is somewhat changed. Mercury takes the lead, and stands prominently at the head of the list. Mercury, the very name of which strikes terror into the minds of nervous and timid patients, is still the foremost remedial agent employed by the medical profession. After mercury we have potash, then bark, then opium, and then iron. If we take twenty-five of these leading simple substances, as in the case of the compounds, we shall find that 95 per cent. of all the prescriptions written, contain one or more of them in some recognized form. This, I think, brings the whole matter into the smallest compass, and places us in a position to offer such further brief comments as the subject may seem to require.

Mercury, potash, bark, opium, and iron: Are these medicinal substances of any service in combating the symptoms of disease? If not, the whole system of medicine is shaken, and scepticism is only too well founded. If, on the contrary, they are of service, then it is true philosophy to extend our faith, and, in the absence of certainty, or in the absence of probably injury from such a course, rely on what is possible as regards the entire scope of the Materia Medica. Much, I think, may be said to show, in a manner sufficiently conclusive, that, with respect to disease, medicine possesses a power, the absence of which would inevitably lead to additional and prolonged suffering. But it is to be specially remembered that this power is limited. If you ask me where such limit terminates, I reply that it is beyond the scope of our present means to ascertain; but of this we may be certain, that the true value of medicine will be exactly proportionate to the skill with which the remedial power it possesses, within the limit indicated, is developed in each particular case. It is this fact which renders it so undesirable to follow a routine method to the exclusion, perhaps, of timely and efficient aid. If, indeed, we look at the constancy with which certain medicines are ordered, the treatment of disease would appear, at first sight, to be *solely* a question of routine; these medicines being administered for the relief of a a particular set of symptoms, because they have been found from experience to be of service in the majority of such cases. But a prescription is, or ought to be, a scientific document, the result of an adequate knowledge of the physical sciences, and a clear appreciation of all those minutiæ with regard to compound medicines which are so essential to their success. If, therefore, to write a prescription were the sole duty of the physician, the course of special study through which he passes would not be lost, but, on the contrary, would maintain all the importance which his additional duties now serve to impart. To obtain the advantage to be derived from medicine to the utmost extent of its limits, in the presence of an uncertainty which ever-varying circumstances must necessarily engender, is a work offering scope for judgment and ability of the highest order. It is quite true that if a powerful drug, such as opium or digitalis, were given to a large number of persons, the similarity of circumstances in each instance would enable us to estimate, with a fair degree of certainty, the probable result. One stomach bears a considerable resemblance to another stomach throughout mankind. It is this similarity which renders any single remedy of known repute applicable to so many cases; and the same may be said, in degree, of almost any drug in the materia medica. So far circumstsnces are sufficiently constant to sanction with a certain reserve, the adoption of such a mode of procedure."

Anti-Galactic Properties of Belladonna.

Dr. D. W. Stormont, of Topeka, Kansas, in a communication to the *Leavenworth Medical Herald*, in detailing a case in which he had, after two confinements, been called on to treat a patient for mammary abscess, in both of which he stopped the secretion of milk in the affected breast, by the application of belladonna, (ext. belladonna ʒij., aquæ f.ʒj.), painted over the breast, refers especially to the anti galactic properties of belladonna, as illustrated in the case, and confirmed by no inconsiderable experience.

"By its application the lacteal secretion may be entirely dried up, or only restrained, at the option of the physician, in one breast without producing much effect on the other. Hence it is

invaluable in mammary abscesses, both as a prophylactic and as a curative agent. It is equally valuable in milk fistula, which is sometimes as annoying to the physician as it is disgusting to the patient. He does not claim it to be a specific in these affections, but that its power to restrain the secretion of milk, to almost any extent, when used with energy and judgment, is as certain as are the peculiar properties of any other drug. It is a most valuable addendum in the treatment of such cases, and its use will not interfere with the employment of any other remedies deemed necessary. It occasionally produces constitutional symptoms in the mother, and he always enjoins great caution in nursing the child from the breast to which it is applied, relying upon other means to abstract the milk, until the secretion is arrested by the belladonna.

Account of a Human Monster.

The following interesting description of a human monster sent to us from Nashville, Tenn, will be read with interest. The examination was made by Drs. Joseph Jones and Paul F. Eve. A full description is to appear in the *Richmond and Louisville Medical Journal*.

"The infant, Josephine Myrtle Corban, has four legs and two distinct external female organs of generation, with two external openings of the urethra and two external openings of the double rectum. The external genito-urinary organs are as distinct as if they belonged to two separate human beings. The fæces and urine are passed (most generally simultaneously, particularly the urine,) from both external urinary and intestinal openings, situated respectively between the left and right pairs of legs.

The head and trunk are those of a living, well-developed, healthy, active infant of about five weeks, whilst the lower portion of the body is divided into the members of two distinct individuals, near the junction of the spinal column with the *os sacrum*. As far as the examination could be prosecuted in the living child, the lower portion of the spinal column seems divided or cleft, and there are *two pelvic arches supporting the four limbs*, which are situated upon the same plane.

Josephine Myrtle is the third offspring of W. H. and Nancy Corban, aged twenty-five and thirty-four, the wife being the senior by nine years. They are so much alike in appearance, having red hair, blue eyes and very fair complexion, as to produce the impression of their being blood kin, which, however, is not the case. Mrs. Corban is from North Alabama, had borne one child to a former husband, the child having dark coloring, and resembling mostly the father, who had black hair and eyes. Her three children are all girls; the one already alluded to, now six years old, another three, and this *infant monstrosity*, now to be more minutely described, born the 12th of May, 1868, in Lincoln county, Tennessee.

Mr. Corban is a Georgian, served in the Confederate army through the war, and was severely wounded in the right arm and left hand. The parents are in fair health, though the mother is *anæmic*. She recollects no fright or disturbance during her last pregnancy. The presentation was fortunately the head, which accounts for the preservation of the life of the child. It would be curious to speculate on the trouble which might have been produced had the feet or breech presented, while the result, in all probability, would have proved fatal to the infant, and possibly to the mother. Mrs. Corban says that there was nothing peculiar in the labor or delivery. When three weeks old the child weighed ten pounds. It now nurses healthily, is thriving well, and can urinate simultaneously, between the *two pairs of labia of the two vaginæ*, situated about six inches apart. From the crown of the head to the *umbilicus* the child measures twelve inches, and from this point to the toes of the right and left external feet, eleven inches. From the *umbilicus* up, all is natural and well formed; all below this, extraordinary and unnatural. An inch below the navel is a mark of an apparent failure for a second one. There are four distinct pretty well developed, lower extremities. They exist in pairs on both sides of the medium line which resembles the cleft of an ordinary pair of legs; but here there are no marks whatever of *anus* or *genital* organs, and upon pressure we discover no *os coccygis* or *sacrum*. The outer legs of both sides are the most natural of the four, (though the foot of the right one is clubbed,) but are widely separated by the two supernumerary ones, which are less developed, except at their junction with the body, from which they taper to the feet and toes more diminutive and which are turned inwards. One toe is bifid on the left extra inward extremity. At birth these extra legs were folded flat upon the abdomen. There are probably *two uteri as well as two recti;* in fact the pelvic organs are double. Of course a minute dissection would alone expose the true condition of these parts.

Should this infant reach maturity and the internal generative organs be double, there is

nothing to prevent conception on both sides. The first difficulty will, however, be in her walking. The outer, or external legs, may be used for progression; the inner, or inturned ones, probably never. These might be successfully amputated at the knee, or higher up."

Obstetrical Instruments.

At an obstetric clinic at Bellevue Hospital, Feb. 27th, reported in the *N. Y. Medical Gazette*, March 14th, Dr. George T. Elliott exhibited a case of obstetric instruments, and remarked on them as follows:

"In his opinion, the ordinary leathern roller was the best and most convenient pouch for these instruments. It was portable, and allowed additional ones to be added or substituted for others. If economy were an important object, the instruments need only be few in number, but even then, if they are to be purchased at all, it is best to buy those which may be relied on for a wide range of usefulness. Of course Dr. Elliot had recommended his own forceps, although they presented no such pre-eminent advantages as to make that selection more than a matter of opinion. Simpson's cranioclast as modified in the one displayed, with an attached screw having a very large thread, and longer handles than those of Simpson's, would render the purchase of a crotchet and of a cephalotribe unnecessry until, at least, their practice was of such a nature as to relieve him from any responsibility in advice. He was now speaking to beginners. By disarticulating the bones of the cranium with the cranioclast, the diameters of the base of the skull might often be so diminished as to render delivery possible in very contracted pelves, while its admirable adaptability for traction, and for breaking up the brain with one blade, made the whole instrument one that reflected additional credit on the powerful and original intellect of Sir James Simpson. Still if they desired to purchase a crotchet, the one of Churchill with a double point was the best that had ever been invented. A great deal was said about the risk of tearing the mother's tissues with the crotchet, but he had never heard of an operator's hand being torn but on one occasion, and it was perfectly certain that if the instrument were handled with any moderate skill, the hand of the operator ran the greatest risk. After all, one of the greatest reasons why so many instruments are devised is to be found in the fact that few men, comparatively speaking, handle surgical and obstetrical instruments well, and there was no more sound reason for abusing a crotchet for tearing a vagina, than there would be for cursing a scapel for laying open structures which should have been preserved intact. The blunt hook was sometimes necessary. Dr. Elliot had always intended to have one constructed on a plan which he had long since thought of, namely, with differently curved hooks screwing into one shank. Blot's perforator was incomparably the best for those who only bought a single instrument, as it could do anything that a perforator could do; while the admirable trephine perforator of Kilian, (which he also showed) could not be employed in some difficult cases of pelvic presentation with the retained head. For the case before them, Dr. Elliot had recommended Gardner's lever, undoubtedly the best which had been devised. The beginner need not, however, buy a lever, if economy were any object, for the range of its applicability seems to be very limited. In short, a long forceps, the cranioclast, Blot's perforator, a blunt hook, and a long, flexible male catheter, were the instruments that he would advise the beginner to purchase. Those shown were electroplated, which keeps them from rusting and gives them a fresher appearance. Handles should be smooth, so that they could be easily cleaned and would not hurt the hand.

Manufacture of Ozone.

Ozone is a powerful disinfectant, and the fact, therefore, that it can be manufactured at little cost on a large scale is worth knowing. For this purpose one of Wilde's Electro-magnetic machines is used. One has been introduced in a large sugar refinery to bleach the syrup. This it does by the formation of ozone, which is a most powerful bleaching agent; being, according to Faraday, oxygen in a peculiar, active condition, or according to Bunsen, compound of hydrogen with 3 or 5 atoms of oxygen, in which compound, following a universal chemical law, the oxygen is very loosely combined and enters more readily into new combinations than simply uncombined oxygen. The apparatus is made by a steam engine of 15 H. P. The coils are four feet high, ten inches thick, and contain each thirty pounds of copper wire. The armature makes not less than 15,000 revolutions in a minute, and the light produced is so strong that the unprotected eye cannot look at it; concentrated with a lens at a distance it ignites combustible substances like sunlight, and the heat may be felt at a distance of one hundred and fifty feet. The working expense, including that of the steam engine, is said to be from fifteen to sixteen cents per hour. In Manchester it is successfully used for

photographing at night. Such a powerful source of electricity, producing a large quantity of ozone from the moist atmosphere can be used for many other manufacturing purposes. Such a machine may be useful in places inhabited by a great number of persons, as hospitals, asylums, and the like.

Retroversion of Uterus causing Paralysis of Leg.

Dr. M. M. Eaton, of Peoria, Ill., reports, in the *Chicago Medical Examiner*, Jan. 1868, the case of Mrs. K., æt. about 40 years, who was brought about fifteen miles, on a bed, to the city, with great pain in knee and want of power of motion of the lelf leg. General health good.

History of the Case. About two years previous had sprained the knee in alighting from a carriage; some inflammalion of the knee followed, partially recovered in a month, when she fell down stairs—knee then became worse, paralysis of leg came on, and she was treated by several good physicians, when the inflammation subsided; but the want of motion and pain continued. She was placed in a "water-cure establishment" for three months, became worse in general health, no improvement in leg, was taken to Chicago, and treated by some one to the writer unknown, except by reputation (which is good), and was considerably improved; returned to her house without the use of her limb, however. This state of affairs continued till Feb. 3d, 1866, with the additional symptoms of irritable bladder, painful menstruation, and difficult defecation. On examining the leg, I found nothing abnormal, and was led to make an examination of the uterus from the obstinacy of the case, as presented in its history, and the present symptoms, and found an enlarged uterus retroverted. There being no symptoms of pregnancy, I introduced the uterine sound the next day, and, much to my surprise, there was a discharge of a pint or more of water, after which I could discover nothing in the cavity of the uterus, and proceeded to lift that organ to its natural position with the sound, by the aid of two fingers in the vagina, the patient being placed on her face, with her hips elevated, which I accomplished readily; kept her in this position twenty-four hours, and then found the uterus had contracted and remained as I had placed it. She was now placed on her side. After a week, applied the solid nitrate of silver to the internal surface of the womb three times, at intervals of three days, when membranes, like those of a ruptured cyst, were expelled, but nothing else. I gave elix. valerianate of ammon. to quiet the nerves, with tonics, had the affected limb rubbed freely with a stimulating liniment. She rapidly recovered; in three weeks began to walk with a cane; felt some "bearing-down pain;" applied an elastic abdominal supporter, which relieved this symptom.

April 15th. Discharged cured, since which time she has been able to do her work, dance at parties, etc. Now keeps a boarding-house, is perfectly well this 14th of November, 1867. I thought this case worthy of record, as the difficulty of the uterus had been overlooked by those who had treated her for the two years she had been unable to walk, and demonstrates that enlargement of the uterus and misplacement may affect the limbs without producing immediately any symptoms referable to the organ. The discharge of water, I suppose, was caused by the rupture of a large hydatid growth, which I inadvertently ruptured in making an examination, expecting to find a fibrous polypus, which, by its weight, occasioned the retroversion at the time of her fall down stairs. The caustic I used to kill this growth, and prevent its refilling with water, in which I think I was successful.

Peritonitis caused by Laceration of the Uterus by the Sound.

At a meeting of the Medico-Legal Society, of New York, (*Medical Record*, Jan. 1,) Dr. Newman detailed a case that occurred in the practice of a medical friend, who had been called to a case of miscarriage at four and a half months, caused, as was alleged, by fright from a collision with a boy on the street, and by unusual walking and excitement. Found external os dilated, internal constricted, and head of fœtus presenting. On following day, no progress having been made, and the condition of the patient requiring interference, a uterine sound was carefully introduced, and the membranes separated, first on one side, then on the other. It was followed, in two hours, by the birth of a dead fœtus. The placenta and membranes came away without difficulty; the former presenting to the eye the appearance of fatty degeneration. Immediately after this, she was seized with a rigor, and next day had symptoms of violent peritonitis, which terminated fatally in four days. At the autopsy on the following day, the abdominal cavity presented the appearance of recent, extensive, and violent peritonitis. The greater omentum was glued to the intestines beneath. A large quantity of sero-pus welled up from behind the uterus, which organ, as well

as the liver, presented on its surface many patches of recent lymph. The uterine cavity contained some broken-down clots of blood, and the external os was dark-purple, and slightly ragged at one angle. There was also an abnormal canal starting from the cervix quite near the internal os, terminating very soon in a *cul-de-sac* in the uterine muscular wall. It was large enough to admit with ease the passage of the handle of a scalpel, and it was supposed that it was the result of an accident in introducing the sound, notwithstanding the care and circumspection used. It was suggested that the woman might have been tampered with by an abortionist before the physician was called in—not an improbable suggestion.

The Bromates.

Dr. Rabuteau reports in the *Gazette Hebdomadaire de Médecine et de Chirurgie* for April 24th, 1868, the result of a series of experiments made by him with the various bromates, from which he concludes, that they act at first in a manner analogous to the chlorates, but that they are soon changed in the system to bromides, and act then even more actively in this nascent state, than if an equal amount of bromides had been swallowed. He found bromate of potassa more active than bromate of soda, as fifteen grains produced great sedation and nausea in himself, the effects beginning an hour after the salt was taken.

The bromates are more powerful than the iodates. A few minutes after swallowing a bromate, it appears in the urine (in one case ten minutes after taking bromate of soda). After a few hours (seven hours in the above case), no more bromate can be found, but a bromide takes its place, and persists both in the urine and in the saliva for more than a month, even when not over fifteen grains have been taken originally.

For detecting the presence of a bromate, Dr. Rabuteau has invented a method founded on the power which sulphurous acid possesses of isolating bromine from the bromates, and on the power of bromine of bleaching instantly the solution of indigo in sulphuric acid. He colors feebly with this solution water or urine containing bromic acid, and then adds the solution of sulphurous acid, when the color is instantly lost. He can thus detect the presence of one part bromine to a million of water, or one to half a million of urine.

The detection of a bromide in the urine is not so easy as the usual method of adding chlorine or nitric acid, and then agitating with sulphuret of carbon, which does not produce the characteristic orange-tint unless the bromide is in great quantity. It is necessary to evaporate to dryness, incinerate the residue, and then add distilled water, and after filtering this solution, the sulphuret of carbon test may be applied. Soda must be added to the urine before evaporation is begun.

Midwives for Obstetric Cases.

The Medical Record, Dec. 1867, says editorially: "What general practitioner returning from an obstetric call, after having spent with his patient many weary hours, has not felt that it would have been an incalculable relief to him to have shifted the case upon some other one? There is no department in medicine where so much time is spent which is so little recompensed as in obstetrics; and, in view of that fact, the physician has often rightly wished for some substitute who may be competent to care for all his ordinary cases.

The persons to whom we naturally look for a performance of this part of the practitioner's duties are properly educated midwives. It is well known that the plan of confiding obstetric cases, when of simple character, entirely to such females has been for a long time, and still is, in successful operation in Europe; in fact, many of our German and French brethren who are practising in this country are in the habit of entrusting all their cases to them with the most satisfactory results. The midwives referred to are in general exceedingly trustworthy, and being educated to send for the physician whenever any other part than the head of the child presents, they are not likely, unless designedly, through presumption of knowledge, to blunder by incompetent interference.

We are confident that such a system might be inaugurated in this country, and we are equally sure that if it were, the profession generally would give it their hearty support. A good plan would be to form a corporation in connection with some hospital, which should be legally qualified to give the suitable instruction to well recommended applicants, as the necessities of the case require, and also to issue licenses which would be held in the light of diplomas for practice in this particular department and at a particular time; beyond that it is not necessary that we should go. If a well organized corps of obstetric lecturers were established, and regular lectures upon the duties of attendants upon natural labor delivered, it would be calculated to turn the tide of female medical education into a more natural, useful, legitimate, and profitable channel.

Reviews and Book Notices.

NOTES ON BOOKS.

We add a few more words on prize essays:

The triennial prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded, in 1871, to the author of the best essay or treatise on "The Anatomy and Physiology of the Lymphatic System." The adjudicators will consider that essay to possess most merit which contains additional facts respecting the existence of lymphatics in those tissues and organs hitherto thought to be devoid of them; or demonstrates the mode in which they originate, or communicate with the bloodvessels; or explains the functions of the lymphatic vessels or glands in the animal body. Essays, either written in the English language, or, if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before January 1st, 1871, addressed to the Physicians and Surgeons of Guy's Hospital, from whom the conditions may be learnt.

While on this topic, we feel constrained to notice a pamphlet sent us, entitled, "Literary Larceny; or Prize Essaying made Easy, and Taught in a Single Lesson." It is a charge of plagiarism against Dr. Roberts Bartholow, of Cincinnati, and is written by Dr. G. C. Blackman, of that city. It accuses the former of having made a nearly literal translation of Topinard's essay on *Ataxie Locomotrice Progressive*, and printed it in the *Cincinnati Journal of Medicine* as an original communication. It appears, however, that Dr. Bartholow did distinctly state that he had made a "liberal use" of Topinard's essay; that while he translated quite literally portions of it, he merely made a synopsis of other portions, and introduced also original matter from his own observations. What this fact has to do with prize essays, Dr. Blackman does not state, unless he wants his readers to draw as an inference, that the prizes gained by Dr. Bartholow were by plagiarized essays—an inference no one has the least right to draw. We regret to see the personal animosity shown in this pamphlet, as well as in Dr. Bartholow's article in the August number of the *Cincinnati Medical Repository*. It is not creditable to any writer, nor becoming in a professional man of our day, to descend to personal vilification, and both of them have to a certain degree forfeited their claims upon our respect.

A new medical journal is announced in Baltimore, entitled "*The Baltimore Journal of Medicine and Surgery*. It is stated that one of its most prominent features will be a department especially devoted to the collection and perpetuation of the experience, observations, and discoveries of the medical profession of the South during the recent war. Editors — Drs. Edward Warren and Charles W. Chancellor. While we cordially wish this journal success, we see with a regret which is not interested, the establishment of new medical journals. It were far better for the literary talent in the profession to spend itself on a few first-class journals, than to support the short lives of so many second-rate ones.

We have received a copy of the Annual Address of the retiring President of the Ohio State Medical Society, Dr. Edward B. Stevens. It is neatly printed on tinted paper.

Dr. John O'Reilly, of New York, has offered, through the New York Academy of Medicine, a prize of six hundred dollars for an essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System. It is open to all, and any who wish to enter the lists can obtain all further information from Prof. J. C. Dalton, 101 E. 23d street, New York city. The time is limited to next first of March.

The narrow course pursued by a certain medical journal of this city is meeting with what we must call deserved strictures from the medical press. It declines to advertise any other books than those issued by its own house, which, the *New York Medical Journal* thinks, may well cast some suspicion on the character of its notices of new publications generally; it harbors small piques and jealousies of other certain journals, and always avoids quoting from them as much as possible; and, as the *Nashville Journal of Medicine and Surgery* remarks, it strives by means not entirely praiseworthy in respectable journalism, to put itself forward as *the* leading medical journal of the United States. We are sorry that our cotemporaries find cause for making such complaints of any scientific periodical, especially of one published in Philadelphia. Science is catholic, and its organs and interpreters who allow themselves to be blinded to this truth by small business rivalries or petty selfishness, pave the way to their own discredit.

The Announcement of the Fourth Annual Course of Instruction in the St. Louis College of Pharmacy, has reached us. The branches taught are Materia Medica, Medical Botany,

Theoretical and Practical Pharmacy, and General Chemistry. Both lectures and examinations are employed to impress the facts on the students' minds. This is good, but we regret that regular recitations and a preliminary examination are not adopted also.

The report of the International Jury of the Universal Exposition of 1867, on *Appareils Orthopédiques*, etc., (Paris, 1867, pp. 24.) The apparatus of Dr. Taylor, of New York, is not only mentioned with the highest praise by Dr. Bouvier, but the Jury speak of it as the only one worth mentioning at all, for its ingenious and practical construction. The instrument is a simple lever, acting from the transverse apophyses, and supporting in the most effective manner the superior extremity of the vertebral column. Dr. Taylor is widely known in this country for skill in orthopædic surgery.

The Catalogue of the Missouri Medical College shows that institution in a flourishing condition.

The Anatomy and Histology of the Human Eye. By A. Metz, M. D., Professor of Opthalmology in Charity Hospital Medical College, Cleveland, Ohio. Philadelphia: Published at the Office of the Medical and Surgical Reporter. 1868. 1 vol, 8vo., cloth bevelled, pp. xvi. 184. *Price*, $2.50.

The author of this work says in his preface, "When a few years ago I commenced teaching opthalmology, I seriously felt the want of a text book on the Anatomy and Histology of the Human Eye. There does not exist, to my knowledge, a treatise on this subject that includes the results of the labors of the more recent histologists to be found in opthalmological journals and in memoirs on special subjects. It has been my aim to collect this material into a connected form, and in such a manner as to adapt it alike to the requirements of the medical student and of the practising physician."

After examining the work with considerable care, we must say that the author has achieved the purpose to which he here sets himself, in a manner that will be most creditable to himself and satisfactory to the reader and student. There is certainly not another work extant which combines so exhaustively and presents so clearly the numerous scattered facts illustrating the general and minute anatomy of the eye, anomalies of its structure, the chemical constitution of its varied constituents, its surgical and pathological relations.

On this latter point especially the author has wisely laid considerable stress, and his work will be found of uncommon practical value in rightly appreciating the lesions and carrying out the surgical treatment of the visual organs.

The contents include all the numerous portions of the eye,—the fibrous tunic, the humors, lenses, muscles, nerves, arteries, veins, lids, glands,—in short, whatever goes to make up this organ of sense. The greatest accuracy is observed in the description of these parts, and the brief yet lucid paragraphs allow no reader an excuse for not understanding thoroughly the whole subject.

Some idea of the exhaustive research of the author may be formed from the "List of Authors consulted" placed at the head of the work. In all there are about forty mentioned, nearly all of them quite late, and many next to impossible for the student to obtain in this country, even in our great cities.

Of the mechanical execution of the work we must speak in high praise. The engravings, seventy-five in number, were all cut expressly for this book by one of our best artists, and the designs are very judiciously chosen to illustrate the anatomy of the organ. The printing is by the "Caxton Press" of this city, whose neat typography is well known. Indeed, we can recommend this work to the profession as most satisfactory, both in its contents and in the way they are presented.

The Medical Register of the City of New York and Vicinity; to which is also added Contributions to the Medical History of the City of New York. For the year commencing June 1st, 1868. Vol. VI. Published under the Supervision of the "New York Medico-Historical Society." John Shrady, M. D., Editor. New York: 1868. 1 vol., 12mo., cloth, pp. 419.

We have previously chronicled the annual appearance of this extremely useful volume. This year it makes its appearance considerably enlarged, and with a great deal of additional matter, of a kind that is more entertaining than a directory, and worth reading by all who would increase their knowledge of the early history of medicine in the United States. About eighty pages of extracts from early records and newspapers are given, which illustrate the condition of the medical fraternity during the last century. The obituaries are quite full, and very well written. All the information that any one can wish about the hospitals, medical schools, hygienic establishments, medical societies, dispensaries, asylums, quarantine, health-board, etc., etc., of New York city is here to be found.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 15, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR.

This work is one in whose completion on a scale commensurate with the materials on hand, the profession, not only of this country but of the whole world, is interested, and not merely the profession, but all who are in any way connected —and who is not?—with the great problems of military and general hygiene, military and civil surgery, and of therapeutics and pathology. There never has been any such series of observations as are now on file in the Surgeon-General's Office. We piously hope that the same opportunities never again will recur to institute them. We doubt if in this country they ever will. But everywhere, in peace and war, at home and abroad, the rich results of those years of war properly arranged and exhibited, would bring blessings and relief to thousands of sick and wounded, and would reflect an undying credit on the staff that had the skill and patience to make and reduce these investigations, and on the government that had the enlightenment to print them.

It is, therefore, with great regret that we see the action of Congress recently, which threatens to impede the proper publication of the Medical and Surgical History of the War. The circumstances are these: On July 28th, 1866, an appropriation of $60,000 was made for the preparation and publication of 5,000 copies of the first volumn of the Medical and Surgical History of the Rebellion, compiled by the Surgeon General, and a like number of copies of the Medical Statistics of the Provost-Marshal General's Bureau, compiled and to be completed by Surgeon J. H. Baxter. No division of this sum was made, and it was presumed that in such division reference would be had to the magnitude and *value* of the two undertakings. Now no one will be disposed to underrate the value of the statistics of the Provost-Marshal General's Bureau; but no one will be disposed to rank them equal to the statistics of the Surgeon-General's Office. With astonishment and regret therefore we saw that on June 8th, 1868, the following law was passed:

That of the appropriation of sixty thousand dollars for publishing the Medical and Surgical History of the Rebellion and the Medical Statistics of the Provost-Marshal General's office, made in an act approved July twenty-eight, eighteen hundred and sixty-six, thirty thousand dollars shall be devoted to the preparation and publication of five thousand copies of the Medical Statistics of the Provost-Marshal General's Bureau, and that the work shall be compiled and completed by Assistant Medical Purveyor J. H. Baxter, under the immediate direction of the Secretary of War, and without the interference of any other officer.

Approved June 8, 1868.

This was the more remarkable as the Surgeon General's report handed in through the Secretary of War showed that there had already been disbursed on account of the Medical and Surgical History, $34,417 91, and on account of the Medical Statistics of the Provost-Marshal General's Bureau, $5,845 33, leaving $19,736 76 of the appropriation unexpended. The matter was referred to the Committee of the Judiciary, who, on July 22d, submitted a report to the Senate showing that since the passage of the act of June 8, there had been paid out on account of the Medical and Surgical History, $1,741 75. They therefore submitted the following resolution, which was agreed to by the Senate, July 25.

Resolved, That under existing laws the balance of the appropriation of sixty thousand dollars made July 28, 1866, for the preparation, under the direction of the Secretary of War, of five thousand copies of the first volume of the Medical and Surgical History of the Rebellion, compiled by the Surgeon-General, and the preparation and publication of a like number of the Medical Statistics of the Provost-Marshal General's Bureau, compiled and to be compiled by Surgeon J. H. Baxter, to wit, the sum of $19,736, must be applied exclusively to the latter work.

It would appear from this that the work on

the History must cease until another appropriation is made. This we sincerely hope will be soon, as it is a disgrace to the nation that an undertaking of this magnitude and importance must be stopped for the want of a few thousand dollars, when Congress is squandering millions annually in sustaining sinecures and overpaying contractors and railroad men.

LIFE INSURANCE.

We call the attention of our readers to the advertisement of the National Life Insurance Company of the United States of America, which appears in this number, and especially commend the advantages it offers to the insured in its low rates for *ordinary life* and also the "*return premium*" and "*income producing*" policies.

This is a subject which presents peculiar claims to medical men who carry their lives in their hands, and to whom it rarely happens to lay by enough for their families even when more than usually successful. Being newly organized it will require the services of competent and well educated men to act as Examiners in every section of the country. To regularly educated physicians and those skilled in physical diagnosis an excellent opportunity is here offered, and we are informed that applications for the position will be received by the Medical Director at the Branch office in Philadelphia.

Notes and Comments.

A Missionary Physician—What he has done.

Dr. Henry S. West reached Corning, N. Y., with his family recently, from Sivas, Eastern Turkey, where he has been for nearly ten years, a Missionary Physician, under the direction of the American Board of Commissioners for Foreign Missions. Dr. West is a native of Binghamton, and a graduate of the College of Physicians and Surgeons in New York city.

He has been a very laborious and useful missionary.

The knowledge of native physicians of Asia Minor is exceedingly limited, and they have no skill in surgery. Accordingly the services of Dr. West have always been in great demand, especially among the more intelligent and wealthy of the people. Thus the skilful physician becomes a man of large influence with all classes, and has access to men of rank, wealth, and official position; and this influence is all the greater because proper remuneration is expected for his services. His standing enables him frequently to protect missionaries, and to secure justice to native converts to Christianity, thus rendering important aid to the missionary work. A cultivated and earnest Christian physician is also enabled to press home-truth upon minds otherwise inaccessible to ordinary Christian effort.

Dr. West, besides earning enough to pay his own salary, has been able from the medical fund to furnish additional means for carrying forward the general missionary work.

Surgeons will appreciate something of the nature of his professional work when informed that, beside the ordinary routine of medical and surgical practice, he has operated sixty-nine times for stone in the bladder, performed herniotomy eight times, and has had several hundred operations for various ophthalmic diseases, which are very common in Turkey.

Besides his own practice, he has taken two classes of native physicians, consisting of seven persons each, through a regular course of instruction in the art of healing. In leaving the missionary work for a season, it is no small gratification that most of these, his students, are efficient practitioners in different parts of Asia Minor, and will thus be of great service to the missionaries and their families.

Criminal Abortion.

Two physicians were arrested in Hartford on the 3d inst. for doing that for a "respectable married woman" which the Roman Catholic Church calls murder. They have been placed under very light bonds—$1,500 and $500—and will probably escape punishment.

A cotemporary in commenting on this item observes that the medical profession alone can put a stop to this evil. It adds,

"It is a melancholy fact that even the respectable members of the medical profession are inclined to tacitly aid and abet the wicked practice, rather than discourage it. We once heard one of the most celebrated medical professors in the City of New York touch upon the matter of "propriety" in regard to this subject. He hesitated, seemed hardly to know what to say, and spoke about as follows—several hundred embryo doctors were listening to him:

"'Now, young gentlemen—as to the—morality—I should say, perhaps—the propriety—of do-

ing this thing—I—should—advise—you—on the whole—but perhaps—after all—it may be as well—to—of course each must be—in a—measure—his—own—judge—but I would—advise—you—to—to—but we will return to the question which we were discussing—the effect of the medicine referred to.' "

Mr. Bergh on Meat.

The *Herald of Health* has criticised Mr. Bergh for endeavoring to induce American people to make use of horseflesh as an article of food. Mr. Bergh writes to the editor of that journal:

"I believe, as you do, that the abolition of the use of the flesh of all animals would result in physical and moral improvement to our race. Having been in countries where meat is rarely if ever eaten, and having observed the superior endurance of fatigue as well as the gentleness of character of the inhabitants, I feel convinced that the slaughter of dumb animals, and the devouring of their flesh account for the largest share of the moral and physical diseases which affect mankind.

"I have had an Arab of the desert run behind my horse a distance of twelve miles without betraying the least sign of fatigue, and the cheerful fellow had never tasted meat."

Mr. Bergh adds that he can eat meat, because of habit. Others eat horseflesh, but not because of habit.

The Hypodermic Syringe.

H. V. Passage, M. D., of Peru, Ind., in a private note, says: "Mr. Stohlman, of the firm of Tieman & Co., N. Y., made the first hypodermic syringe at the request, and for the use, of the late Prof. Brainard, *over twenty years ago*. The French condemned the instrument when it was exhibited to them and its uses explained by Dr. B., but long afterwards claimed it as a specimen of French invention."

New Clinic Hall at Pennsylvania Hospital.

A new and commodious hall for the purposes of clinical instruction is now in course of erection at the Pennsylvania Hospital. It is being built on the avenue leading directly from the entrance on Eighth street, its front being towards the east. The ground floor is subdivided into a number of rooms, and a carriage-way runs through its centre. The hall or lecture room is above, on the first floor. The structure is octagon in shape, each side having a length of thirty feet. The face and corners are neatly dressed with gray stone. The height of the building, which is to be surmounted by a small dome, is about fifty feet. The lecture room is to be arranged in amphi-theatre style, the seats circling it, save where the operating table occupies the space, and gradually rising one above the other.

Deaths from Sunstroke.

An examination of the statistics of death from sunstroke in the city of New York, gives the following exhibit: In August, 1853, 224 persons died from sunstroke; in 1863, there were 135 deaths from the same cause; in 1866, there were 230 deaths from sunstroke, and during the present year up to Saturday, the 18th ult., there were no less than 833 deaths from heat alone, as reported by the papers.

Preservation Against Cholera.

Dr. La Roche, of Kurnik, recommends quinia for this purpose, and states that this remedy is of no less value against this disease than vaccination against the small-pox. Adults take, at the approach of the epidemic, twenty-four grains in hourly doses of two grains; afterwards, for three weeks, two grains three times a-day, when the dose is diminished to two grains morning and night, and this continued until after the disappearance of cholera. The regimen must, of course, be a proper one, and the well-known rules for the prevention of cholera must be strictly observed.—(*Ph. Centralhalle.*)

Infant Mortality.

The *Courier Médicale*, of Paris, contains an able article upon infant mortality. It attributes it largely to the insufficiency of bone tissue, and says that the milk of a healthy nurse ought to contain more phosphate of lime—the basis of osseous tissue—than is often the case. Scarcely one in ten women come up to the proper standard in this respect, and as a consequence infants necessarily perish or grow up sickly or deformed.

Metric Weights and Measures.

We see, from the London *Chemist and Druggist*, that the metric system of weights and measures has been discussed by the House of Commons, and a bill for insuring its adoption in the United Kingdom has been read a second time. The further consideration of the bill was deferred until after the publication of the report of the International Commission on Weights and Measures. We learn with pleasure that the adoption of the metric system has been recom-

mended by the Liverpool Chemists' Association, in a resolution carried unanimously at a recent meeting, and we hope that a similar action will be taken by the American Pharmaceutical Association. One coinage, one system of weights and measures, one alphabet, and one code of international law, these are the requirements of the century.

Correspondence.

DOMESTIC.

Vulnerary Remedies.

Editors of Medical and Surgical Reporter:

An article in the last number of the "Reporter," claiming *vulnerary powers* for the *exotic plant, calendula*, or garden marigold, suggests the inquiry whether there are any remedies which possess such powers? The writer of this is wholly incredulous in regard to the existence of any such; and it seems like going back to the dark ages of medicine, when those who wrote on the subject seem to have been incapable of discriminating real from pretended facts. It is not remarkable that the ancient writers on medicine should have claimed such vulnerary properties in various simples, as they explained the action of all drugs on the absurd theory that each possessed, in a certain degree, certain *hot* or *cold*, *dry* or *humid* properties, which adapted them to the varying states of the body; the cold to conditions of excessive heat, the hot to the opposite; dry remedies to moist states, and *vice versa*. They made four degrees or orders of cooling remedies, and four of heating or desiccating; and corresponding to these, four degrees of the hot temperament, and four of the cold, so that all they had to do in prescribing was to select for each of these degrees that remedy which was supposed to have the same degree of the opposite quality. The doctrine of *signatures* also prevailed to some exten', as is seen in the works of Galen, Celsus, Dioscorides, Pliny, etc., and hence they recommended the *calendula*, as a sovereign remedy for *icterus*, and to promote the menstrual flow; "a prescription," says Merat and Sens, (*Dict. de Mat. Med., tom.* 1, p. 331,) "which seems to have been connected with the *reddish color* of the flowers of the plant." The ancient writers on materia medica also regarded the marigold (*calendula*) as a powerful sudorific alexipharmic, (or antidote to poisons); and consequently recommended it in malignant fevers, the plague, etc. Now if we examine the works of the old English herbalists, Gerard, Parkinson, Culpepper, etc., down to the days of Quincy, and even later, we find this old Galenical theory of the action of medicines adopted, as well as that of signatures; and the same notion exists everywhere, even at this time, among the English common people,—indeed the whole Anglo-Saxon race. It is astonishing with what tenacity this old doctrine still adheres to the popular belief. This superstitious conceit would seem to have more vitality than even alchemy or astral influence. A belief in vulneraries is a remnant of the same superstition. Incised wounds did admirably 200 years ago, when the treatment was applied to the *weapon* that inflicted them; nothing being done to the wounds themselves, *only carefully cleansing and binding them up with clean linen rags, thus excluding the air, and leaving them alone for seven days;* when the bandages were removed, and they were found perfectly united.

Vulnerary or traumatic remedies have been defined to be such as have the power of healing wounds, contusions, bruises, etc. Among these are the *balsams of tolu, peru*, etc.; the different *resins*, and *gum-resins*, as myrrh and turpentine; all the old writers recommend these in the form of unguents, fomentations, cataplasms, etc.; used internally, also, as well as locally. We know, however, that wounds of every kind heal spontaneously, and need no remedies but rest, apposition of cut surfaces, simple dressings, and in some cases, lotions of cold water, or alcohol and water, if there is much inflammation. The cases of wounds, which are related in your journal, as showing the specific curative powers of marigold, were healed by "washing, adjusting, holding in proper juxtaposition, and the application of the diluted tincture to the wounded parts, by saturating surgeon's lint, or fine old muslin cloths, and keeping them constantly wet." This was excellent treatment, but the use of the drug was, no doubt, a work of supererogation. We may admire the humanity of the Samaritan, who poured *oil and wine* into the wounds of the Levite, though, at the present day, we can hardly admit his surgical skill! And so of the whole tribe of vulneraries, so-called, which have long since ceased to be used by scientific physicians, and fallen into the domain of popular and domestic medicine. Let the empirics boast of their healing salves and washes, but let the educated surgeon give them a wide birth.

C. A. Lee, M.D.

Peekskill, N. Y.

Poisoning by Opium.

Editors Medical and Surgical Reporter:

I send the following report of a case of poisoning by opium, believing that its publication in your widely circulated journal will prove interesting to the Profession:

At about 5 o'clock, P. M., on the 21st of July last, I was summoned in haste by the father, J. C., to visit his child, five weeks old, at his residence in this village; he could give me no history of the case, but said the child was bad apparantly with spasms. I started as soon as possible, but on my road to his house I again discovered the anxious parent running rapidly toward me beckoning and beseeching me to hasten, his child was dying; they had now discovered that the mother by mistake had given the child from half to three-fourths of a teaspoonful of laudanum; arriving I found the child apparently in the very jaws of death, the circulatory and respiratory organs had nearly ceased to act, the face and entire surface were congested with dark venous blood presenting a dark purple hue, so nearly had the functions of the lungs ceased to act. The opium had been given some three or four hours before my arrival, and of course had been all taken up by the blood vessels, and was now coursing through the veins and arteries and permeating every organ and tissue of the body. To my mind the hopes of reaching the poison and counteracting its effects, before the already flickering spark of vitality ceased altogether, were extremely faint. The mother was almost frantic with grief; was it possible that by the aid of science and God's blessing I might bring joy and gladness to that stricken heart? With such thoughts and this mournful scene of excitement before me, it was with very faint hopes (though with perfect and composed consciousness,) that I employed the only means so far as yet discovered by which possibly the child's life might be saved, that I took from my pocket-case a vial of the tr. of atropia belladonna and administered gtt. xv., repeating every few minutes until I had given about the same amount as had been given of the opiate to the child, and although the stomach and bowels were in effect paralyzed, I ordered large doses of oil and nauseates, also had every means employed to keep the child aroused. At intervals for a short period the pulse and respiration would entirely cease, but slowly again would animation return; unceasingly were these efforts continued to keep up a degree of action in the bodily organs until one o'clock the following morning, when for the first time vomiting took place and after a time the bowels were freely evacuated; soon consciousness returned, and from this time on the child improved, and in from three to four days thereafter was, as far as I was able to discover, as well and hearty as ever, and thus still remains. My experience in this case has proved conclusively to my mind that the belladonna is a sure antidote for opium. I had before used the tincture as an antidote for the effects of opium, where the patients made good recoveries, but never before have I had a case where I could positively state that it was the saving power, as in this. My observation induces me to believe that the virtues of this drug as an antidote for opium poisoning are neither generally known nor properly appreciated by the profession. I am now convinced that it is a safeguard of which every family should know and be possessed.

B. F. Reynolds, M.D.

Hulton, Pa., Aug. 4th.

A Case of Sudden Death.

Editors Medical and Surgical Reporter:

John Davis, a citizen of this place, died instantly August 2d, about 9 A. M. Mr. Davis had been somewhat indisposed for several days, but was able to be around. He ate his breakfast as usual and walked to the Barber shop to get shaved; while waiting and conversing with some friends, he fell over and expired in a moment. The occurrence created considerable excitement. An autopsical examination disclosed chronic inflammation and considerable disorganization of the gastric mucous membrane. Also fatty degeneration of the right side of the heart, the outer wall of the right ventricle being reduced to a thickness not exceeding 1-16 of an inch in its centre, but was not ruptured, as is sometimes the case in such conditions of the heart. The above conditions not affording satisfactory cause for the suddeness of death, further examination revealed a thrombe situated at the bifurcation of the pulmonary artery. The artery being completely plugged by the fibrinous coagula, and thereby cutting off the flow of blood to the lungs. The case was one of much interest. I would be glad to receive an opinion from the Profession as to whether the coagulation of the fibrin was caused by the inflammatory condition of the gastric membrane and consequent debility, or whether the condition of the heart was in any way the exciting cause, and whether the casualty could have been prevented by any treatment instituted a week previous, and what the treatment should have been to have prevented the

coagulation of the fibrin. These are questions of interest, and I am desirous of receiving further light on this subject than that I am able to obtain from the books.

J. J. Littlefield, M. D.

Dundee, Mich., August, 1868.

"The Blue Baby."

Editors of the Medical and Surg. Reporter:

Having noticed the letter of Dr. W. B. Tackett in regard to the blue baby, and the answer of Dr. J. C. Schenck thereto, explaining that the cyanosed condition was evidently due to non-closure of the foramen ovale, the question occurred to me, if non-closure of the foramen ovale will give rise to cyanosis, why are not all babies blue up to the tenth day after birth, since this foramen is never closed until that time?

Condie attributes cyanosis to a narrowing or contraction of the pulmonary artery, and this is undoubtedly the most satisfactory explanation, especially as it has been borne out by numerous dissections. The small calibre of the vessel prevents the necessary quantity of blood from reaching the lungs, the conversion of venous into arterial blood takes place only to a small extent, and the venous blood accumulates in the right side of the heart and throughout the whole venous system. Where the foramen ovale has been found open in these cases, after the tenth day, it has probably been prevented from closing by the distended condition of the right auricle, but it has borne no causative relation to the cyanosis.

This view of the pathology of the affection would also account for the œdema of the lower extremities mentioned by Dr. Tackett, for this condition would involve a decided obstruction to the circulation, which non-closure of the foramen ovale would not do.

Wm. Ekwurzel, M. D.

Philadelphia, July 27, 1868.

Injurious Habits.

Editors Med. and Surg. Reporter:

Two prominent causes of disease with us are tobacco and alcohol. The demand for these potent substances may be prompted to relieve the excitement and deprssion which have pervaded all grades of society for several years past. I have known persons to suffer from amaurosis, mania a potu and epilepsy, from the abuse of the two combined, and despair of the application of a remedy for such vices, unless the Faculty will be urgent to discourage an indiscriminate use of them. Arctic explorers affirm that tea or coffee will support the bodies of men under great or little fatigue infinitely beyond whisky, wine or cider, and Dr. Dunglison states in his work on Materia Medica, that less than a dram of tobacco has proved fatal, yet the chewer, smoker, or dipper of snuff will use treble this quantity. Dickens was right to designate Washington City as "the headquarters of tobacco tinctured saliva." If the youth of America need proof of the injurious effects either of tobacco or strong drink, let them turn to the Statistics of Hospitals for the Insane and of Incurables, and they will be amply satisfied, and if a collegian, they will find from the last report of the Polytechnic School in Paris, that the smokers in the various competitive examinations were far inferior to the non-smokers.

Virginia. F. Horner, M. D.

A Singular Remedy.

Editors Med. and Surg. Reporter:

My attention was called, a short time since, to a novel, but nevertheless successful remedy. While rendering medical assistance to an extremely sick patient with an obstinate attack of cholera morbus, all of my heroic remedies were of no effect until, by request, a large onion was peeled and cut in half, and one half placed in each axilla. In several attacks since that time, have I seen this remedy promptly control the incessant vomiting, and relieve the distressing nausea.

Will the editors or some one of the readers of the Reporter give me some explanation of the *modus operandi?*

F. R. Gregory, M. D.

Sassafras Fork, N. Ca., July 31, 1868.

[We would prefer to witness the experiment successfully tried in other cases, before offering or listening to any explanation of the *modus operandi.*—Eds.]

University of Michigan.

Editors Med. and Surg. Reporter:

I notice in the July 4th number of your journal, you allude to the Medical Department of the University of Michigan as having introduced into it a chair of some medical-ism or pathy, etc. It is true an act of the legislature made a grant of money to the University, attached to which, to secure its passage, was a promise that a chair of homœopathy be maintained in the medical department. The Regents who govern the University made every effort in their power to secure the money without actually introducing the Homœopathic Professor into the medical school at Ann Arbor, but finding it impracticable, and finding also that it was impossible to sustain a

mongrel school, the whole thing is abandoned—the money, a large annual sum, will not be received from the State, and the Medical School will go on as heretofore entirely free from any ism or pathy. It is due to the Faculty who have resisted this measure, to the Regents who have come to understand its impracticability, and to the cause of true medical science, which has so far triumphed, that the public should be informed of the true state of things.

I do not doubt you will be happy to state the substantial facts in your widely circulated journal.

A circular was sent you some days ago, and another will be by this mail, to which I would refer for another statement of the facts.

A. B. Palmer, M. D.,
Prof. Practice of Medicine.

Ann Arbor, Mich.

Fracture of the Skull.

Editors Med. and Surg. Reporter:

I desire to report this case for the purpose of showing how guardedly we should make a prognosis in similar cases at first.

Leopold Weis, on the evening of the 10th of July, fell through an open hatchway, on a brick floor twelve feet below, in Brown's Brewery, striking on the back of his head and shoulders. There were two contused lacerated wounds on the head, one on the back part of the parietal bone, one inch and a half long, and the other over the upper and central part of the occipital, an inch in length. There was a considerable contusion of the left shoulder and side below the scapula. On examining the wounds with a probe, I could not detect a fracture in the bones of the head. He was conscious, answered questions, and complained of pain in the head and shoulders; gave an anodyne, and ordered cold applications to the injuries; saw him next morning early; found him conscious, but dull of apprehension; was told that he had sent for a German doctor, who had unceremoniously taken charge of the case, and I discontinued. I thought, in the morning, that he ought to be bled freely; he was not.

On July 11th, P. M., he was admitted into Charity Hospital. He was rational, but drowsy, from Sunday morning until Thursday morning, when, while sitting up on a chair, he fell backward and struck his head on the floor, causing the wound to bleed a little. He was taken and put to bed. In an hour from that time he had an epileptiform convulsion, followed, in five minutes, by another, and these continued every five or ten minutes, until he had thirty-four, in the last of which he died.

The next morning, Dr. Weed, House Physician, made a post-mortem examination, at which I was present. On removing the calvaria, there was found a fracture one-third across the left parietal, and across the occipital fossa to within half an inch of the foramen magnum, and a firm clot filling up the occipital fossa over the fracture. On this side, there was no displacement of the sides of the fracture. On the opposite side, in the bottom of the occipital sulcus, three-fourths of an inch from the edge of the foramen magnum, there was a stellate fracture, with the side next the foramen magnum elevated, as viewed from within. The whole right side of the brain had been disturbed from the violent concussion. This man, with all this injury, lived some days, and most of the time without any untoward symptoms, until the occurrence of the convulsions. I have seen several accidents with fracture at the base of the brain, in which bad symptoms did not present themselves for several days. In this case no man could have diagnosed the condition. In the light of such cases, surgeons ought to be cautious in making an opinion. W. J. Scott, M. D.

Cleveland, Ohio.

News and Miscellany.

The New Harvard Dental School.

The school of dentistry connected with Harvard University has just been organized, and the first regular session will begin on the first Wednesday of November and continue four months. The following is the roll of the faculty:

Nathan C. Keep, M. D., D. D. S., Professor of Mechanical Dentistry; Oliver W. Holmes, M. D., Professor of Anatomy and Physiology; Henry J. Bigelow, M. D., Professor of Surgery and Clinical Surgery; John Bacon, M. D., Professor of Chemistry; Thomas B. Hitchcock, M. D., Professor of Dental Pathology and Therapeutics; George T. Moffatt, M. D., Professor of Operative Dentistry; Luther D. Shephard, D. D. S., Adjunct Professor of Operative Dentistry; Elbridge G. Leach, D. D. S., University Lecturer on Pathology and Therapeutics; Ira A. Salmon, D. D. S., University Lecturer on Operative Dentistry; Nathaniel W. Hawse, Demonstrator of Operative Dentistry; Samuel F. Ham, Demonstrator of Mechanical Dentistry; Charles B. Porter, M. D., Demonstrator of Practical Anatomy; N. C. Keep, M. D., D. D. S., Dean of the Faculty.

The Cattle Disease.

The cattle in the western markets have been dying in large numbers, from a new and not yet well ascertained disease. By some it is supposed to have been brought from Texas, but of this there is much doubt. We have given in the July number of the *Half-Yearly Compendium* some valuable recent views and investigations on the subject of the cattle plague, and obviously we have here to do with a different disease.

The symptoms are thus described: The animal at first becomes drowsy or stupid, which is followed by constipation of the alimentary or urinary canals. By straining and over-exertion they seem to rupture themselves internally, and blood is discharged. The animal subsequently swells up and dies. Nearly all of these cattle are literally covered with a species of insect resembling the wood-tick, but much larger, being nearly half an inch in length, and about a quarter of an inch broad, and of a gray color. They bury themselves in the skin of the animal, especially on the inside of the flanks, and at other points where the hide is thinnest. They glut themselves with blood, and then drop off, unless they are well gripped in the skin. When they drop off, they leave the spot swollen and inflamed.

Stringent measures of quarantine should be adopted, and the clerks of markets should be urged to give especial attention to beef, so that the health of the public does not suffer.

It is stated by Prof. Granger that the origin of the disease is found in the use of the young succulent shoots of peculiar trees, highly charged with astringent principles. Native cattle, he states, do not communicate the disease to other native cattle.

We believe these opinions to be hasty, and not wholly dependable. The bug mentioned is of a gray color, and looks like the *garrapata* frequently found in South America, but is thought far more dangerous. It is probably, however, a consequence rather than a cause of the disease, like the *podex ægrotantium* of the human subject.

Aniline Poisoning.

Aniline poisoning can be detected as follows: Macerate the contents of the stomach with water containing a little sulphuric acid, add an excess of solution of potassa, and distil; add a little sulphuric acid to the distillate, and evaporate. If aniline is present, a purple or red margin will be formed at the top of solution where it touches the vessel.

Treatment of Sunstroke.

The new treatment of this terrible complaint by *heat* is being received with favor. Recently, Dr. F. G. Herron, one of the City Physicians of Cincinnati, Ohio, tried it in two cases, with success. Instead of cold water, he applied warm water to the head, in cloths, the water as hot as the skin could bear without injury. The effect was very striking, restoring the patient to consciousness very soon. Then, as a stimulant, he administered *liquor ammoniæ acetatis*.

In this city it was tried in a number of cases, with, it is said, excellent results. But we lack trustworthy reports. Can they be given us?

Solvent Power of Glycerine.

The solvent power of glycerine upon several substances commonly used in medicine and the arts, is as follows: One part of sulphur requires 2000 parts of glycerine; iodine, 100 parts; red iodide of mercury, 340 parts; corrosive sublimate, 14 parts; sulphate of quinine, 48 parts; tannin, 6 parts; veratria, 96 parts; atropia, 50 parts; hydrochlorate of morphia, 19 parts; tartar emetic, 50 parts; iodide of sulphur, 60 parts; iodide of potassium, 3 parts; sulphide of potassium, 10 parts.

—— We observe that Dr. R. Payne has been elected President of the Clark County (Illinois) Agricultural Society, and has delivered a stirring and sound address at its late meeting. Happy the disciple of Æsculapius who can so successfully woo Ceres at the same time!

—— The Paris *Presse* reports that the health of the Princess Charlotte is in no way improved, but that, on the contrary, her reason wanders more and more. She has formed the design of going to Miramar, and the greatest pains are necessary to divert her from this project. It is feared she may make her escape from the chateau of Laeken, and hence all the exits of the building are strictly guarded, and the number of sentinels doubled.

—— The excessive heat prevailing in England has largely increased the bills of mortality. During the week ending July 18, the rate in London was 27 in the thousand, while at Manchester it was as high as 39. Week by week the deaths in the large towns in England have steadily increased from 22 per thousand in the beginning of June, to 28. The increase has been greatest in London, Liverpool, Manchester, Birmingham and Sheffield, and has been almost entirely due to the prevalence of summer diarrhœa.

—— The city council of Kansas City has passed an ordinance requiring all physicians and midwives to register all births and deaths occurring within their practice in that city, with the City Physician, on a penalty of from $5 to $25 for each delinquency.

The doctors pay the penalty, but who gets pay for the work they do?

—— In Michigan recently thirty-five men went into a harvest field to cut grain. About ten A. M. no less than sixteen of them had been sun stricken, the majority of whom died under the exposure. Such an instance of wholesale casualty has hardly a parallel in the history of this country.

—— Two brothers named Payne, who are exhibiting in Lowell all the singular manifestations which the Davenports and others have dubbed "spiritual," explain their deeds as simply the exertion of the immense power of the human will.

—— The Columbus schedule of the personal property the late Dr. Lincoln Goodale was filed at the Probate Judge's office, recently. The value of stock bonds, etc., is $333,252.75; notes and accounts, $96,638.81; household goods, furniture, etc., $7,100.09; money, $6,584 30. Total, $443,575.75.

—— *The Cincinnati Times* of Saturday says: "Dr. Hess, a man of splendid education—a Doctor of medicine and a journalist—was yesterday sent to the Workhouse for thirty days, from the Police Court, as a vagrant. Liquor has ruined him."

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy, during the week ending August 8th, 1868.

Surgeon J. Beale and Ass't Surgeon H. N. Beaumont, detached from the U. S. S. Hartford, and placed on waiting orders.

Passed Ass't Surgeon Wm. S. Fort, detached from the Naval Academy, Annapolis, Md., and placed on waiting orders.

Passed Ass't Surgeon L. M. Lyon, ordered to the Naval Academy, Annapolis.

Acting Passed Ass't Surgeon Wm. Gale, Honorably discharged.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Breckinridge—Dudley.—At the residence of Dr. H. Skillman, Lexington, Ky., July 21st, by the Rev. R. J. Breckinridge, D. D., Major Joseph C. Breckinridge, United States Army, and Miss Lou. L., daughter of the late Dr. Ethelbert L. Dudley.

Sage—Snowden.—On the 29th ult., at the residence of the bride's uncle, Dr. John Davis, by Rev. O. N. Sage, Lida G., daughter of the late Dr. C. G. Snowden, of Freeport, Pa., and Rev. A. Judson Sage, of Philadelphia.

Thomas—Milner.—In Odd Fellows' Hall, at their festival, Alliance, Ohio, on the 2d ult., by Rev. Goodwin, D. D., Prof. R. G. Thomas, M. D., and Miss Rosanna Milner, all of Alliance, Stark county, Ohio.

DIED.

Agnew.—On the 3d inst., at the residence of her son, Hon. Daniel Agnew, in Beaver, in the eighty-fifth year of her age, Mrs. Sarah Howell Agnew, relict of the late James Agnew, M. D., of Pittsburgh.

Dickinson.—At Colchester, Conn., Aug. 2, of consumption, Dr. L. L. Dickinson.

Elder.—At Armagh, Pa., June 17th, 1868, Dr. Samuel M. Elder, in the 38th year of his age, a graduate of Jefferson Medical College of this city.

Martin.—At Martinsville, N. J., July 31st, Dr. Samuel K. Martin.

Yelloly.—At White Haven, Md., on the 3d inst,, Dr. G. T. Yelloly, in the 48th year of his age.

METEOROLOGY.

July.	27,	28,	29,	30,	31.	A. 1.	2,
Wind	E.	N. E.	S. E.	S.	S. W.	S. W.	S.
Weather	Clear.	Clear.	Cl'dy.	Hazy.	Cl'dy. Sh'r.	Clear. Hazy.	Clear.
Depth Rain							
Thermometer.							
Minimum	64°	60°	62°	66°	66°	68°	67°
At 8, A. M.	74	72	72	74	77	78	81
At 12, M.	71	81	83	83	84	87	83
At 3, P. M.	71	82	84	87	86	87	83
Mean	70.	73.75	75.25	77.50	78.25	80.	78.50
Barometer.							
At 12, M.	30.	30.2	30.2	30.2	30.1	29.9	29.8

Germantown, Pa. B. J. Leedom.

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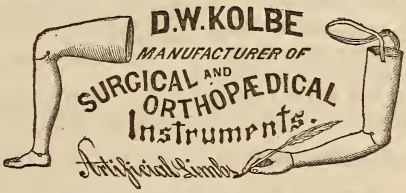

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The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

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Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds instruction is free.

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MICROSCOPY. JAMES TYSON, M. D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M. D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M. D., Physician to the Pennsylvania Hospital.

DISEASES OF THE SKIN. H. LENOX HODGE, M. D., Physician to the Children's Hospital.

MORBID ANATOMY. WILLIAM PEPPER, M. D., Physician and Pathologist to the Philadelphia Hospital.

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HENRY HARTSHORNE, M. D., Professor of Hygiene.

JOHN J. REESE, M. D., Professor of Medical Jurisprudence, including Toxicology.

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The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalid of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C. formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present ate the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D.D.

Rev. Dr. MORIARTY is widely known as a Catholic Priest of high standing, and needs no indorsement.

A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weakness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

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JOHN M. MAISCH, *Chemist, U. S. Army Laboratory.*
(Now Professor in Phila. College of Pharmacy.)

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THE

MEDICAL AND SURGICAL REPORTER.

No. 599.] PHILADELPHIA, AUGUST 22, 1868. [Vol. XIX.—No. 8.

Original Department.

Communications.

ON THE APPLICATION OF ICE TO THE SPINE IN MENORRHAGIA OR EXCESSIVE MENSTRUATION.

By Wm. C. Crooks, M. D.,
Of Philadelphia.

In entering on the consideration of the treatment of menorrhagia, it is almost superfluous to observe that this can be by no means uniform. In every instance, however, we have to fulfil two indications, of which sometimes the one, sometimes the other is the most urgent; namely, to arrest the present hemorrhage, and to remove the cause on which it depends. The principles which must guide us in endeavoring to accomplish the latter, are too obvious to need more than the very briefest reference.

In patients suffering from general debility, the tonic remedies and ferruginous preparations which tend to invigorate the health and to improve the composition of the blood, will of themselves have a most powerful influence in checking the excessive discharge at the menstrual period. Again, there are cases which demand for the suppression of the excessive hemorrhage, a carefully regulated diet, avoidance from all stimuli, occasional small doses of saline aperients, etc. The cases demanding this treatment are those depending upon or occurring in connection with a state of general plethora of the abdominal vessels, a sluggish action of the liver, and in a constipated state of the bowels.

It is unnecessary for me to mention the varieties of condition, the precautionary measures which are applicable to different forms of menorrhagia, or the management of such cases; further than that claiming notice under this form of treatment, as the subject has in these respects received due consideration from other sources.

The disease under observation in a great number of cases yields readily to the influence of astringent remedies, when employed either general or local, or both, especially in the active state of the hemorrhage, while in the passive character of the discharge, antiphlogistic measures succeed them. We know that the active and passive character of the hemorrhage differ widely; and it cannot be denied that the astringent remedies in the one, and the antiphlogistic in the other condition, are of indispensable value; but it will also be acknowledged that often both measures fail to accomplish the desired result satisfactorily.

It was such cases that led me first to consider the applicability of this remedy. It acted so happily in arresting the hemorrhage and mitigating pain in the first case, that I resolved to try its efficiency in other cases I had then under treatment; when from its use the same good results followed.

The first case I will note, was a lady who had been operated on by another practitioner for partial occlusion of the os, about one month previous to the attack of menorrhagia.

The Doctor informed me that his patient had been suffering severely with this hemorrhage for over a week, and still remained in a low condition. I suggested that the spinal ice-bag should be applied, to which the Doctor assented, the effects of which were as follows:

Case.—Mrs. S., æt. 35 years, a native of Ireland; no children; no miscarriages; had for the past eight years been liable to attacks of menorrhagia; suffered greatly at times, for a number of years, with uterine disease, on account of which she had been under treatment by different physicians, and as noted above, lately operated on for partial occlusion of os. This occlu-

sion was attributed to be the result of the preceding treatment. On April 27th, 1866, menorrhagia returned, the flow very much increased in quantity. Astringent remedies were employed, both general and local, but gave only temporary relief. On May 5th, the first application of ice was made to the spine, and directed to be retained thereto for two hours. In half an hour after the application was made, a sleep of an hour's duration was produced. The preparations of cinchona and iron were given internally On the 6th, pain was greatly relieved, and the flow diminished to not more than two ounces in the twenty-four hours. The ice was again reapplied as before. On the 7th, pain diminished still more, hemorrhage entirely checked, and did not again recur. The debility was great, and the preparations of cinchona and iron were continued. Beef-extract and a good nourishing diet was ordered. The patient, under this tonic treatment, soon regained her usual strength.

I have called the attention of several of my friends to this method of treating menorrhagia, who also, in using it, report satisfactorily.

I might append a number of cases exemplifying the results of my own observations connected with those of others, but I shall make it suffice to relate three other cases coming immediately under my own observation, and then merely to point out as concisely and succinctly as possible the mode of preparing the ice for, and applying it to the spine.

Case I. Mrs. M., aged 45 years, a widow; never had any children; no miscarriages; menses appeared at fourteen, regular for fifteen years from first appearance, when marked symptoms of uterine disease begun, and passing from bad to worse until the return of each monthly epoch became the signal of a profuse and painful discharge. Had frequently been under treatment, from which the uterine trouble was greatly benefitted, but the excessive menstruation remained undiminished in quantity at the return of each monthly period.

On August 4th, 1866, I was called upon and asked to see the patient, whom I found bleeding profusely. She told me that she had lost about two pints of blood from the time she first began to flood, which was the day previous. At the rate she was bleeding when I saw her first, I presumed not less than two pints would be lost in twenty-four hours. There was great pain, a slight diarrhœa, and general debility. I ordered the application of ice to the lower portion of the spine, which was to remain on for one hour and a half. In half an hour the patient was relieved so much that a sleep was produced, from which she did not awake until time to remove the ice. Pain considerably alleviated, and the bowels were not again opened until evening. At 10, P, M., I again found a recurrence in the hemorrhage, but it yielded readily to the influence of ice to the spine. I gave her five grains of pulv. ipecac et opii, and ordered the dose to be repeated, if necessary to secure sleep during the night.

5th. Hemorrhage did not recur to any very great extent during the night, and still remained greatly reduced in quantity, pain quite tolerant, and the passage from bowels had become natural. There still remaining an excessive discharge. Ice was reapplied and directed to remain on for one hour. She was placed upon wine-whey and beef-extract, to be taken at regular intervals.

6th. Hemorrhage entirely controlled. There still remained some pain, but it was greatly mitigated. The stools healthy, and bowels regular. The debility now alone demanded attention; the tonic remedies and ferruginous preparations were administered, and a good nourishing diet given.

30th. No recurrence. Able to leave her room and resume her domestic duties.

Case II. Was a young woman, æt. 19, large, heavily built, and plethoric. Menstruated at 15; married two years; no children. One miscarriage. This accident happened three months previously. Gestation had progressed naturally until this accident, which happened about the third month, discharged the product of conception. Had always menstruated regular up to the time of conception. After this accident for the first time she had excessive menstruation.

On the 10th of September I was summoned to see her. She had been flooding for twelve hours, during which time she had lost a pint of blood as near as could be

calculated. Bowels constipated and pain severe. At 8 P. M. ice was applied to the spine, and in 20 minutes sleep was produced, which lasted two hours. A large dose of castor oil was given to overcome the constipated condition of the bowels.

11th. The discharge reduced to its normal quantity. Ice not reapplied. Antiphlogistic measures restorted to.

20th. No recurrence of the excessive menstruation. Health regained. Medicine discontinued.

By using precautionary measures on the approach of each menstrual period, she has not as yet suffered from any return. The precautions I directed in this case, are those which the known liability of any woman to menorrhagia should lead her to adopt with the return of each menstrual epoch, strict observance of the horizontal position, from the commencement of the discharge until it ceases, with this associated due care that the bowels are not constipated.

Case III. On May 24th, W. R, æt. 30, dispatched a messenger for me in great haste. I answered the summons immediately, and upon my arrival was informed that three days previously Miss R. had, on coming down stairs, received a trivial injury by falling down three or four steps. No inconvenience, whatever, had been experienced, or pain suffered from the fall until the morning of the 24th, when the return of her menses were accompanied by an alarming hemorrhage.

In this case no treatment was indicated except that which would arrest the present hemorrhage. Ice was applied to the lower part of the spine, and retained thereto for two hours. The application was renewed three different times during the succeeding 38 hours, at the expiration of which hemorrhage was under complete control.

28th. No recurrence of hemorrhage, a little prostration from the loss of blood was all that remained, for which ferrated elixir of callisaya in dessert-spoonful doses was given three times a day.

I have introduced the last three cases to illustrate how beautifully and effectually ice acts in arresting the excessive hemorrhage; and have in relating the last case shown that the ice was not simply accessory to the checking of the hemorrhage, but fulfilled in itself the whole indication.

Dr. Chapman, of England, the originator of ice applications to the spine states in his pamphlet on Epidemic Cholera, that some fear is to be entertained, in applying the ice, of producing hemorrhage from the uterus, and especially if any hemorrhage exist in that organ, of augmenting it. In other words he would disapprove of its applicability in uterine hemorrhage. It is the experience of the writer, after having used it in a large number of cases of diarrhœa, cholera morbus, and also in a few cases of epidemic cholera, which came under observation in the summer of 1866, that the fear of producing uterine hemorrhage is of secondary importance, for in not one case have I seen any such tendency, and where hemorrhage was excessive I have never failed to control it by the use of ice to the spine.

Many, I have no doubt, fully understand how to prepare the ice for, and apply it to, the spine. As Dr. Chapman in his pamphlet on "Epidemic Cholera" gives all necessary directions in that particular. But in all probability there are many unacquainted with Dr. Chapman's method, who will read this article, and for their benefit I will succinctly detail the mode of preparing and aplying the ice to the spine.

The ice is to be broken up into small pieces about the size of an English walnut, and then put into the Chapman's spinal ice bag (or in lieu thereof the common bladder may be used,) the pockets of which are to be not more than two-thirds full, when you will securely tighten them by the attached screws, if the Chapman's bag be used, and if the bladder, a cord will answer the purpose.

Having the ice prepared as above, it is applied to lower portion of the spine, (in the region of the lower dorsal and lumbar vertebra,) and retained thereto from half an hour to two hours "as the exigency of the case may require," and renewed at intervals varying from six to twelve hours until the desired effect is produced.

Special attention to the preparing of the ice should be given, for obvious reasons. The patient, if at all possible, must be placed on her back, and have the ice bag applied to the spine underneath her; now

if the ice is not prepared correctly, or the bag or bladder more than two-thirds full, it will in the one case cause an irregularity, and in the other a globular mass which cannot be rightly adjusted to the spine.

A GENUINE HERMAPHRODITE.

By Henry N. Avery, M. D.,
Of Poughkeepsie, N. Y.

The following is such a wonderful case, and being as near a hermaphrodite as anything can be, notwithstanding the evidence that nothing of the kind can exist, I report it for the novelty of the case, rather than the operation.

August 6th, 1868, Christie Ann C—— called upon me for advice, giving the following answers to my questions. After stating that she was a native of Nova Scotia, and had just arrived in this city to see a sister living here, and seek surgical aid in the States; unmarried; twenty-four years of age; five feet ten inches high; enjoying comparatively good health; occupied during the past two years in teaching school, and that she had a *growth* upon her privates.

From observation, I discovered that she possessed a deep, coarse voice, a masculine frame and face; in fact, resembling an ordinary coarse woman.

After a careful examination, to my surprise I found the following to exist: the mamma were undeveloped; the clitoris, resembling a penis in flaccid state, was two inches long, and half an inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existed, but a close examination per rectum and bladder could not discover any trace of a uterus; the meatus urinarius and vestibule were perfect; the right labium majorum was quite natural and of usual size; the labia minora were traceable, but in the folds of the left labium there appeared a large pendant tumor, resembling the left *testicle* of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic cord; the epididymis appeared to be natural; in fact, everything resembled a *testicle*.

She stated that she felt some sexual desire, and that every morning for the past six years, she had vomited, on rising from bed, a small quantity of blood. To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one she had ever shown it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a *testicle* would be confirmed. Accordingly Drs. J. S. P. Lord, E. H. Parker, and my brother, Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled in every respect a *testicle*, but the case being so extraordinary that they could not form any diagnosis, but advised an operation.

With the assistance of Dr. Lord and Dr. E. W. Avery, I proceeded to perform the operation, by removing the tumor by the usual process for castration, by making an incision of some five inches in length, so as to expose the cord, which was found with three arteries that were ligated, and several smaller ones, a large nerve, veins, etc.; severing the cord, the retraction was the same that might be expected in performing the operation upon a man; the tumor was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, the tumor was examined by Dr. Lord, Dr. E. W. Avery and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a *testicle*.

Mounted specimens of the tubes for the microscope have been prepared, and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a *testicle* has been discovered in a *woman*, it will naturally interest many. The *fact* can now be settled, that such a thing as a hermaphrodite has existed.

EXTRACTION OF A GRAIN OF CORN FROM THE TRACHEA.

By J. Scott, M. D.,
Of Parkersburg, W. Virginia.

On the evening of February 26th, 1867, Thomas Hess, Esq., of Ritchie County, West Virginia, brought his little boy aged 5 years to my office to consult me on his case. He stated that the boy had been in good health until that afternoon; that he was walking, and had some grains of corn in his hand, which he was sucking into his mouth and blowing them out into his hand. Just as he was drawing them again into his mouth he stumpted his toe, and was suddenly affected with great difficulty in breathing. A physician near at hand was at once called in, who gave the boy an emetic, which operated freely without relief; he then held him with the heels up and the head down, etc., without relief.

His father then galloped with him to the train which was near due, and brought him to this place, a distance of 40 miles; on the way the boy suffered much from cough and suffocation.

I found him with croupal respiration, suffused and livid countenance, and alarming paroxysms of cough and suffocation. The patient was sinking so rapidly I at once saw he must be relieved by opening the trachea, or perish.

Assisted by Drs. Clark and Davis, at 9 o'clock at night, he was brought under the influence of chloroform. I then made an incision through the integuments in the median line, from the base of the cricoid cartilage to near the top of the sternum; the sterno-hyoid and thyroid muscles were divided, the plexus of veins, etc., pushed aside, and four rings of the trachea opened. In a short time the grain of corn came into view, which was extracted with the forceps. The wound was then dressed with sutures, straps and bandage. He rallied rapidly from the chloroform, and appeared quite relieved; but in a few hours the breathing became difficult again, owing to the swelling produced from the irritation of the grain of corn. I at once reopened the wound which gave immediate relief. I found it necessary to keep it open for two or three days, after which it was closed, and was entirely healed in two weeks from the day of the operation; since which time the boy has been in good health.

CASES TREATED BY CARBOLIC ACID.

By Wm. Nick. Pindell, M. D.,
Of Bay Hundred, Md.

July 15th, 1868. J. G., a negro, aged 66, addicted to drink, of good constitution, had his right hand torn to pieces, the carpal bones crushed, ulnar fractured three inches from wrist, by a threshing machine. A field tourniquet was applied at the time of the accident. When seen an hour after, but little blood had been lost. Tinc. opii had been given to relieve pain. Saving any part of the hand was out of the question. Ably assisted by Dr. James Seth, the patient was chloroformed, flap operation performed at the middle of lower arm, three arteries ligated; a solution of carbolic acid, f.ʒj. (liquid), spts. vini gallici, f.ʒij., water, f.ʒiv., was then freely applied to the whole surface by a sponge, the parts brought together, forming a very firm stump, maintained in position by five pieces of adhesive plaster, bandage around the stump, large compress wet with carbolic acid, tinc. opii and water applied over the line of incision, and a light bandage over all, with direction to keep the stump constantly wet with the mixture, and to let me hear as soon as there was any smell from the stump.

Hearing nothing, called to see him on the 21st. Removed the dressings, found the wound uniting by first intention throughout, except where the ligatures protruded at superior and inferior points of the wound, reapplied compress and light bandage, continued the mixture as before.

Aug. 1st. Wound united perfectly except around the ligatures, removed two of these, continued dressing as before.

Aug. 5th. The other ligature removed. There has not been twenty drops of pus discharged. Adhesive strips unchanged; man going about, taking his regular food and a glass or two of whisky daily. Discharged.

The acid gave some pain for two hours after its application—it may have been a little too strong. He suffered with headache for several hours, attributable to the

chloroform. I have used the chloride of zinc in like manner, but the acid in this case—my only amputation—is far ahead in good results. Amputations are rare in a country practice, and I have but little chance to follow up the further trial, but hope its virtue will be sought for by those whose lot it is frequently to use the knife. I feel satisfied that if I had used acupressure instead of the ligature, my patient would have been discharged before the 1st day of August.

July 12th. W. J., aged 13, a bright interesting boy, delicate but healthy, attacked yesterday with fever and sore-throat. Found him suffering from diphtheria, with patches on both tonsils, fauces, and uvula. At once put him on the treatment which of late has seemed so successful. Hyposulphites of soda and magnesia in ten-grain doses every three hours, with a saturated solution of the bisulphite of soda as a frequent mop and gargle to the throat, turpentine beneath the jaw and around the throat; to take anything as food that he may desire.

18th. The patient no better, continue treatment.

19th. Worse; disease extending, diarrhœa set in. Substitute for the former the following: Tinc. perchlorid. ferri, ten drops in brandy every two hours, chloride zinc as a gargle. Brandy, milk, and strong coffee ad libitum.

20th. Disease continues to extend, deglutition more difficult, breathing obstructed, and I felt satisfied my patient would not live Removed several patches of false membrane with dressing forceps. Surface raw, blood exuding. My former treatment proving futile, abandoned it, and put him upon the following: Carbolic acid, f.ʒij. (liquid), spts. vini gallici, f.ʒss., aqua, f.ʒviiss., as a mop and gargle to the throat every half-hour; chlorate potash, ʒss., hydrochloric acid, f.ʒj., aqua, f.ʒvj., a teaspoonful every two hours, with directions to swallow a little of the first mixture while gargling. Brandy, beef-soup, coffee, as desired.

21st. Every general symptom improved, patches of false membrane turning dark, thin, and loosing their attachment to the throat; case in every respect hopeful and gratifying; continue treatment.

22d. Still improving, false membrane nearly all removed, throat looks reddened, parts of left tonsil and uvula destroyed by the disease; continue treatment at lengthened intervals. To-day a younger brother taken with same disease, applied same treatment.

23d. My first patient discharged, second better; continue treatment.

24th. Still improving.

25th. Discharged.

I feel perfectly satisfied that the first case would have ended in death under any other form of treatment heretofore used by myself in this disease, and give all credit to the carbolic acid. Nitr. argenti has never done good in my hands, neither has chlor. potass. internally or by gargle. I have derived more benefit from perchlorid ferri and quinine internally, chloride zinc, Condy's solution, as a gargle, than all other agents. In a few cases within the last two years, the hyposulphites acted very well, and relieved without anything else, but in this case failed entirely. I shall promptly use the acids in my next case.

July 25th. Mrs. K., aged 50, healthy, has been suffering for two weeks with carbuncle on left hip. Would not complain earlier, dreading the knife or caustic. Two of her brothers have died with this disease, one on the head and neck, the other on the back, immensely large, as I heard, having seen neither case. When I saw the case, the carbuncle would measure six inches in diameter, embracing all the parts about the trochanter joint. She suffered very much. There were five openings from which flowed the discharge, offensive and acrid. Made a semi-lunar incision through the mass, embracing four of the fistulas in the sweep of the scalpel, having to cut an inch and a half to two inches deep, through the diseased parts; there was hardly any pain felt whilst cutting, and was greatly relieved by the knife almost immediately. Applied four long strips of adhesive plaster as a support, with a poultice of flaxseed, which had been prepared by a solution of carbolic acid of same strength as that used in the case of diphtheria, with directions to use as an injection three times daily, a weakened solution of the same, under the flaps formed by the cut. Diet such as desired.

29th. My patient has been steadily improving, with no drawback. Quite a large *core* is said to have come away last night. Poultice omitted, and a fold of lint kept wet with the solution, applied continuously; injection continued.

30th. There is but little discharge, disease looking far differently; in fact, would not have been recognized as carbuncle; continue treatment.

Aug. 2d. Patient getting well rapidly; treatment continued.

5th. But little discharge, healing kindly.

8th. Nearly well, injection omitted.

11th. Discharged.

Should this acid act in like manner in future trials, I would as soon treat carbuncle as a simple boil. Have had a good deal of trouble and disappointment in their management formerly. I defer making any remarks on these cases. Here they are. Let any one try the acid, and report the result.

Hospital Reports.

Pennsylvania Hospital,
Philada., March, 1868.

Surgical Clinic of D. Hayes Agnew, M.D.

Reported by Dr. Napheys.

Artificial Pupil and Cataract.

This colored girl is twenty-five years of age. About one year and a half ago, she discovered the vision in the right eye becoming dim, and at the same time the left became inflamed and painful. In a few months the sight in both eyes was extinguished, leaving her absolutely blind. She is conscious of the presence of light, a very important consideration in operations upon this organ. An examination reveals a closure of the pupil of the left eye, and the existence of cataract in the right. There is also some slight opacity of the cornea of the left eye. The case presents the peculiarity of both eyes being simultaneously affected, with very diverse results. The most careful interrogation fails to discover the slightest evidence of either a syphilitic, rheumatic, or strumous origin. The woman in all other respects is perfectly well. She refers her condition to cold consequent on exposure in performing the ordinary duties of a house-servant. We must accept this explanation, and do what we deem best in her present condition. An iritis left to itself, as this seems to have been, results in serious structural changes. The white substance seen in the contracted and irregular pupil is inflammatory lymph. The ball of the eye is sensibly diminished in size, and does not possess its normal resistance to pressure. In all probability, there has been general ophthalmitis. Our object with regard to this left eye is to form an opening in the iris sufficiently large to admit the entrance of light. The superior lid is gently raised with this elevator, and committed to the assistant; seizing the ocular conjunctiva with a pair of toothed forceps, the ball is maintained in a fixed position, while this spear-pointed knife is carried through the margin of the cornea into the anterior chamber. This done, a cutting-edged needle is passed through the opening, carried on through the membrane of lymph blocking up the pupil, and by a few strokes in different directions, made to sever its connections. The next step consists in conducting this iris hook through the corneal incision, turning it upon the margin of the pupil, gently drawing the engorged portion of the iris out, and clipping it off with the scissors. This completes the operation. The right eye, which is cataractous, may now be subjected to the operation of solution. For this purpose, a very delicate knife (the Hay's knife) is entered a little posterior to the corneo-sclerotic line, carried through the posterior chamber, and its edge turned against the anterior capsule of the lens, slitting it freely in different directions, and breaking up the cataract, in order that the dioptric fluids may penetrate freely its substance. This operation is applicable, in a strict sense, only to soft cataracts. The different stages being done as they were described, the Doctor detailed at some length the importance of after-treatment. Atropia in solution, three grains to the ounce of water, was applied to the eye; the lids closed with isinglass plaster, a pledget of soft charpie placed over each eye, and the whole secured with a bandage.

Epithelioma of the Face.

This patient is sixty-five years of age, has an ulcer, covered with a brown scab, on the face, between the nose and the orbit. At first, that is over a year ago, it was a thin scale, dropping off every eight or ten days, and as often reforming. More recently, its course has been invasive, both in depth and breadth, until at present it covers a surface of over a half-inch in extent. Such a morbid production is called "skin cancer," cancroid, epithelioma, etc. etc. It is a disease of mature or advanced life, sometimes painful, at

other times almost painless. Sometimes slow, at others rapid in its course, but is esteemed by surgeons a form of malignant disease, or cancer, most amenable to treatment; that is to say, when once removed, it either does not return, or if so, only after a considerable time, in some instances eight or ten years.

These ulcers resemble syphilitic sores, and a careful inquiry should always be instituted in order to avoid confusion. A few days ago a patient applied to me with a fearful mutilation of the nose, which had been destroyed by potential caustics, in the hands of an infamous cancer doctor of this city. The case was purely traceable to a chancre, contracted three years before, and as a verification of my diagnosis, rapidly recovered under constitutional or anti-syphilitic treatment. In the management of this case, and all similar ones, I give a decided preference to the use of caustics. I believe we may anticipate a more certain cure than by the knife, as the influence of caustics is felt far beyond the seat of application by both permeation and penetration. The caustic for which I have a preference is the Vienna, consisting of caustic potash and quick lime. It is rapid and perhaps attended by less pain than most agents belonging to this class. The method of using will be best understood by witnessing its application in the present case. I cut out from this piece of adhesive plaster a portion corresponding in form to that of the diseased structure, a trifle larger, so as to include a little tissue beyond the affected part. This is now laid round the sore, its object being to protect the sound portions from damage. The stick of Vienna caustic is now moistened with a little alcohol and applied lightly over the entire exposed surface. In 10 or 15 minutes it will probably have done its work, and if apprehensive of its action extending too deep, a little acetic acid may be applied to arrest its progress. Over this cauterized surface, a flaxseed meal poultice will be applied and continued until the slough falls out, or is removed. The granulation and cicatrization will be facilitated by a dressing of carbonate of zinc cerate. For several months the patient should be kept under the conjoined influence of cod-liver oil and Fowler's solution of arsenic—the latter in doses not exceeding three drops, three times a day.

Fistula Lachrymalis.

For over a year this woman has been annoyed with the tears running over lid and trickling down the face. This is especially the case if exposed to a keen air. The face has become excoriated from the lachrymal secretion.

About three months ago a swelling appeared at the inner part of the orbit; the surface became tender and inflamed, and finally ulceration occurred, discharging pus mixed with tears. The opening refuses to heal, and we have, therefore, a lachrymal fistula. The explanation of this state of things is, I presume as follows: This woman has suffered from a catarrhal condition of the mucous membrane of the nose. The inflammation has in all probability extended into the lachrymal duct, sac, and canaliculi inducing first swelling then exudation and thickening. The organization of the plastic deposit has produced a narrowing or stricture, which prevents the progress of the tears to the nose, hence they have accumulated behind, distending the sac until inflammation and ulceration have been provoked. What is to be done? In the early stages of this affection we are sometimes able to arrest it by applying a few leeches at the inner part of the orbit, and instilling a solution of sulphate zinc, 2 gr. to the ℥j of rose water; or 1 gr. of nitrate of silver in a similar menstruum. After the inflammation has been thus relieved, graduated probes may be with great caution and delicacy introduced through the lachrymal canal two or three times a week.

This case, however, has passed beyond the reach of such, and the indication now is to divide the stricture of the nasal duct, and maintain it patulous by introducing a silver style. To accomplish this, the integument of the temple is pressed strongly out in order to make prominent the internal palpebral ligament which lies across the sac at the internal part of the orbit. A narrow sharp pointed bistoury is carried horizontally backward between the ligament and margin of the orbit until it enters the sac, and then elevated as you see to a perpendicular, carrying it somewhat over to the sound side, when it passes down the duct to the stricture and is forced through. The knife is now withdrawn and the style inserted. As long as this is allowed to remain, the tears will find their way into the nose, and no time can be named when it may be withdrawn with the assurance that the stricture will not return. The various modifications which have been practised from time to time, of the operations for epiphora, I have repeated many times, but there has been so much uncertainty of result, that I am disposed to fall back on the old style, as yielding the most satisfactory relief.

Editorial Department.

Periscope.

The Distoma Hepaticum in Sheep.

M. Fonssagrives, professor in the School of Medicine at Montpelier, contributes a valuable study to the *Annales d'Hygiéne Publique* for April, 1868, on "The Watery Cachexica of Sheep, in its relations to Public Hygiene." This is a disease arising from the presence of gourd worms, *Distomæ*, in the liver of the animal. As it is an extremely common complaint, both in this country and Europe, and as it probably unfits the animal's flesh for food, it deserves the attention of physicians and agriculturists.

It is characterized anatomically by a change in the blood which becomes watery and pale, and by the presence of the *distoma hepaticum* in the liver. Its symptoms are general debility, incomplete or absent rumination, dryness of the wool, which also yields to the slightest traction leaving bare spots, paleness of the conjunctiva with serous chemosis, digestive troubles, loss of appetite, colliquative diarrhœa with emaciation, which latter is often marked by a serous infiltration in the tissue.

All veterianarians agree that dampness favors the development of this parasitic malady. It is now known that the distoma is not produced in the biliary passages, but comes from without. In the larval state this worm lives in the water and swampy places. A day's pasturage in such a locality will infest a whole flock. The animal is from 10 to 30 millimetres long, and covered with spines directed posteriorly so that it can go forward but not backward. Once in the biliary canals, therefore, there is nothing for it but to stay there. When a sheep having this malady well marked is killed, and its liver divided, hundreds of these parasites will be found in a living state.

Can this disease be transmitted to the human species by partaking of the flesh of these animals? The question is one of the most serious import to the community. Our author answers it with a decided affirmative. He calls attention to that obscure disease called by Griesinger the "Egyptian Chlorosis," and thinks it identical with the intertropical "African cachexia," "intertropical hypohemia," and identifies both as the result of the ingestion of this dangerous parasite. One may well ask, he continues, whether many a case of obscure "liver complaint," dyspepsia, and serous dropsy, so called, is anything more or less than the consequence of eating living distoma, or their ova, in our mutton chops and Southdown roasts. For these ova, little oblong bodies, 13-100th of a millimetre long, and 9-100th wide, are not destroyed by moderate heat, and find a favorable nidus for development in the living membrane of the stomach and bowels.

Applying these facts to the protection of the commonwealth he recommends that, "The flesh of sheep attacked with this disease is bad for a triple reason; because it is less nourishing; because the fluids which impregnate it are in an abnormal unhealthy state; because the distoma or its eggs can by it be transferred to the human subject."

But let us be fair to the butchers; our author is of opinion that there is no danger from the latter source, when the fore and hind quarters alone are consumed, and the flesh thoroughly cooked and protected from the distomæ escaping from the viscera.

Lipoma in the Right Parotid Region, Extirpation, etc.

By Dr. Julio Rodrigues de Moura, of Bahia. Translated from the Portuguese by Wm. Mason Turner, M. D., of Philadelphia.

Signor M., Portuguese, aged 35 years, a little more or a little less, of a robust constitution, and good blood system, a resident of the city of Mayé, consulted me toward the end of March of the current year, (1867). He had always enjoyed good health, but he complained that now for some years—not stating definitely the time—a tumor, without any appreciable cause, had appeared beneath the right ear. At first being of small volume, he did not attach to it much importance, but finally its increase in growth, gave him considerable uneasiness, and to arrest the rapid spread of the tumor he was compelled to consult a physician.

On examining it for the first time, having had the history of the case, as above, I observed below the lobe of the right ear a tumor of the size of an apple, which both by palpation and inspection, I determined was divided into two prominences, one of which occupied the parotid region of the right side, and the other burrowing deeply in the carotid gap or fossa of the same side. But these two lobes possessed a common body, movable over all beneath, well circumscribed, hard, without alteration in the color of the skin, indolent, without pulsation or abnormal *bruit*, measuring in length about my two thumbs, and in breadth two or a little less.

From these symptoms I concluded I had to treat a lipoma, the extirpation of which, wisdom at once granted; and the execution of which should not be delayed any longer than possible, as seen at a glance by the affected region, where the tumor was situated,—demanded too by the increasing development which it had acquired. I submitted the case to the opinion of Drs. Siqueira and Pirassininga, who confirmed my diagnosis; and I requested their assistance in this delicate operation, one indeed, on account of the situation, not without its attendant dangers.

On the 5th of April I performed the operation in the following manner: I circumscribed the tumor from the middle with two curved incisions, including the skin and the subcutaneous cellular tissue, dividing it near the lobe of the ear, and terminating the incisions about an inch below the angle of the inferior maxillary. I next dissected back the two flaps, revealing a fibrous sac, which, anteriorly and laterally, was readily detached, but which, in the posterior part, was so adherent and firm, that further dissection was necessitated, before I could get at the mass buried so deep in the parotid region, and extending to the carotid fossa, beneath which (mass) now the artery could be felt pulsating.

My assistants and myself having agreed that the tumor could not be extirpated little by little, (or by layers), I cut down into the sac imbedded so deep, and found the lipoma contained in it. It presented now the appearance of a yellow, hardened, granulous mass. I extirpated it completely, and was particular to remove every trifling portion of it. * * * This operation executed in the neighborhood of such large and important blood-vessels, only wounded a small arterial branch, the hemorrhage from which ceased without the aid of a ligature. Having washed and dried the wound, a deep cavity remained whence the tumor had been taken, measuring two inches in extent. I then closed the wound neatly and exactly, with fine stitches of the metallic suture.

At the end of the third day, (18th of April), there was a most satisfactory union by *first* intention; the patient being all the time allowed to be on his feet, and the lips of the wound were in perfect contact. Two days after cutting the ligatures, we found as a result of the operation, an almost imperceptible linear cicatrix, and which was entirely covered by the beard. The good result of this operation is due in great part, to the learned assistance of my colleagues, Drs. Siqueira and Pirassininga, and to the calmness and resignation of the patient, *who was not chloroformed.*

Fracture of the Larynx.

Dr. F. Steiner, of Vienna, reports in the *Wiener Med. Wochensch.*, No. 15, Feb. 19, 1868, p. 241, the details of the following case of fracture of the larynx, occurring in the surgical clinic of Prof. Billroth, in which there was emphysema of the skin, dyspnœa, (tracheotomy, giving little improvement,) and death from mediastinal emphysema and secondary pericarditis. A servant girl, 19 years old, was caught by the wheel of a centrifugal-dying machine, about 6 o'clock in the evening. A handkerchief tied around her head and neck had been caught from behind, and became twisted rope-like, strangulating the poor girl. Three hours later she was brought to the hospital, when her head, face, neck, back and breast were found swollen from emphysema; larynx and trachea could not be felt from without, eyelids so swollen as to make their separation impossible, sternum can be made out only on pressure, the emphysema reaching in front to the umbilicus, and behind to the crest of the ileum. Breathing was difficult, face cyanotic; on attempts to speak now and then, only a sound was heard, and this very peculiar, as though coming from the left side of the neck, (a sort of ventriloquistic voice,) pressure in region of larynx and trachea painful, in the latter large vesicular râles; on applying the finger over the laryngeal region, air entering the perilaryngeal areolar tissue could be felt to elevate the soft parts; patient could not swallow; the sputa were mixed with fresh blood; pulse 128, respiration 48, temp. 37.3, (about 99 F.) At 11 o'clock tracheotomy became necessary, and was performed by Dr. Kumar. An incision two inches long, by which some air escaped, showed the hyothyroid membrane torn, and the thyroid cartilage broken; on pulling the fractured ends apart, (the left considerably overlapping the right,) air freely entered, and the great dyspnœa was diminished. The circoid membrane and cartilage first tracheal ring, and the membrane between the first and second rings of the trachea were split, but to introduce a tube it was found necessary to cut out a piece of the cricoid cartilage. The respiration then became pretty free, though not perfectly so. During the night the patient slept with interruptions; several times vomiting of consistent masses of food, also diarrhœic discharges.

Next morning, great dyspnœa; loud and prolonged inspiration, with mouth widely open, hiss-

ing expiration; emphysema diminished. Pulse 120; temp. 40°, (104 F.) The tube removed for cleaning was not again introduced; the patient breathed as well without it. Prof. Billroth now made horizontal incisions, three inches long, under the clavicle into the emphysematous tissue, and air was pressed out, with, however, but little relief to respiration. In the evening temperature rose a little; pulse 136.

Next day respiration still more difficult, loud, prolonged, saccadated inspiration, anxious, widely open mouth, expiration free; face more cyanotic, pulse 152, respiration 32. Much thirst, vomiting of bilious liquid. To remove, if possible, the air from the connective tissue of the mediastinum and subpleural emphysema, which was regarded as compressing heart and lungs, and really causing the increasing dyspnœa, the cutaneous incision was prolonged, and the second and third rings of the trachea also split, but, although some air was made to escape on pressure and breathing surprisingly improved thereby the dyspnœa soon returned and increased, until the patient succumbed at half past three in the afternoon.

The autopsy carefully made by Prof. Rokitansky, showed the fracture of the thyroid cartilage, the epiglottis torn across, the mediastinal emphysema, etc.

Traumatic Paralysis of Right Arm, treated with applications of Strychnia and Chloroform.

Dr. W. H. Watkins, (*New Orleans Jour. Medicine*, Jan. 1868), says, as cases of this class are of peculiar interest to the profession, not so much for their rarity, as on account of the unsatisfactory treatment which has hitherto been directed to them, I would present the following case, which was admitted, treated, and discharged cured from from the Charity Hospital.

A. L., a native of Spain, aged twenty-six years, was admitted into Ward 22, on August 30th, 1867. His general health was good, but his left arm was completely paralyzed. The history of the case is as follows:

On April 21st, 1867, while in the Imperial army, in Mexico, he was shot, the ball passing through the super-spinous portion of the scapula, coming out at the sterno-clavicular articulation. No large vessels were severed, and the hæmorrhage was slight. The wound healed rapidly. From the instant he wound was received, the arm was paralyzed. He was discharged from the army in June, and two months after he was admitted into the hospital. He was unable to move the arm, and when it was pricked with a pin, felt no pain. The greater part of the deltoid muscle was paralyzed. Upon examination, I thought the case hopeless, but concluded to try the local application of strychnia, as recommended by Brown-Séquard. The formula is as follows:

℞. Strychniæ sulph., grs. ij.
Chloroform, ℥j. M.

Apply half night and morning. This solution was applied with rapid friction. After continuing the application for twelve days, he complained of an uneasy sensation in the arm, and when again pricking him with a pin below the elbow, found that he felt pain. I made him use passive motion, and continued the applications as usual. The power of motion soon returned, and at the end of the fourth week he was discharged, using his arm very nearly as well as ever.

Cases of Aphonia from Disordered Volition.

At a recent meeting of the Clinical Society of London, (*Lancet*, April 11, 1868,) Dr. Marcet related a case in which dumbness, associated with dysphagia and occasional spasmodic contraction of the muscles of the fauces, of fifteen months' duration, had apparently disappeared after the application of the interrupted induced current of the larynx.

Dr. Morell Mackenzie regarded the case as one of those in which the power of bringing certain groups of muscles into combined action is lost, not in consequence of any disease either of the muscular apparatus itself or of the nervous centres presiding over it, but as a result of disordered volition. In illustration, he referred to the case of a sailor, otherwise in good health, who, in consequence of a blow on the head received when at sea, suddenly lost his voice. Dr. Mackenzie ordered him to take an inert medicine three times a day, assuring him that he would be cured. After a few days he recovered his speech. Here, as in Dr. Marcet's case, and in other instances which had come under his notice, the good effect of the remedy employed had no relation to its therapeutical properties.

Dr. C. J. B. Williams regarded the case in the same light as Dr. Mackenzie. He had under his observation a woman, by no means of a fanciful or hysterical tendency, in whom loss of vocalization and articulation, lasting for several days, could be produced at any moment by an unexpected slap on the back. It was soon found that the voice could be restored by electrical shock from a Leyden jar, and subsequently by a less violent stimulus with equal success.

Extraction of a Ball Lodged between the Innominata and Trachea.

Prof. Dr. Richard Volkmann, of Halle, reports in the *Deutsche Klinik*, No. 8, Feb 22, 1868, the case of a Prussian soldier who was hit in the battle of Koniggratz by a spent ball which entered a finger's breadth above the sterno-clavicular articulation of the left side. Violent hemorrhage was interrupted by syncope. In the hospital the wound canal was found to run obliquely down toward the back and right side to the mediastinum externally. No search was made for the ball immediately, and the man gradually recovered. When Dr. Volkmann first saw him, three and a half months later, there was only an exceedingly minute fistulous passage, from which on pressure a few drops of matter exuded. The patient distinctly feels the presence of the ball; he has a sensation of pressure in the depth of the trachea, hawks constantly, and often feels a slight difficulty in swallowing. After many vain attempts the projectile was felt with a very fine sound, two and a half inches from the outer opening, about an inch below the upper edge of the sternum, very near the trachea and to its right, therefore in immediate vicinity of either the innominata or aorta. As any cutting operation for the removal of the ball seemed to make death almost inevitable, unbloody dilatation of the fistula was attempted by introducing a very thin, highly polished bougie of laminaria digitata. After twenty-four hours another of the size of a crow's quill could be introduced, and the next morning three, and the next six, of like thickness. Neck became much swollen, painful and tense, but the index finger could now be introduced, the ball reached, and after much trouble extracted with a curved sharp toothed polypus forceps. Water compress made the swelling subside, the fistulous passage rapidly contracted, and after three weeks was definitely closed. Patient perfectly well. This case shows what dilatation by laminaria can accomplish.

The Pharyngo-palatine Muscle in Man.

Prof. Dr. Hubert Luschka, of Tübingen, publishes a very thorough description of this muscle illustrated by an excellent lithographed drawing in the *Archiv für pathologische Anatomie und Physiologie und für Klinische Medicin*, (*Virchow's Archiv*,) Bd. 42, Hess 4, March, 1868, p. 480. He mainly vindicates by renewed studies and careful dissections, the statements already made in his splendid work on Anatomy. For convenience of description he distinguishes a thyro-palatine and a pharyngo-palatine portion in the muscle in question, and therefore calls it thyro-pharyngo-palatine muscle. Its fibres are, he contends, not disposed in ring form to constitute a sphincter as Merkel states. In its total function it combines with the temporary closure of the pharyngo-nasal space, the shortening of the pharynx and the corresponding elevation of the larynx. For intelligible details we must refer the reader to the original.

Anomalous Development of the Thyroid Cartilage.

Prof. Dr. Hubert Luschka, of Tübingen, reports in *Virchow's Archiv*, Bd. 42, Hess 4, March, 1868, p. 478, a rare anomalous development not hitherto described, which he has found three times on the left side of male larynges. It is the absence of the upper horn of the thyroid cartilage as ordinarily observed, and in its place a colossal *corpus triticeum* as it were, which was enclosed by the lateral thyro-hyoid ligament. The possible occurrence of such an independent or loose superior horn of the thyroid cartilage should be remembered in diagnosing a fracture of this cornu. It leads Dr. Luschka to suggest that the ordinary tritical body may perhaps originally be a sort of epiphysis or the pointed extremity of the upper horn which has become separate and independent.

Hypodermic Injections.

In the *Wiener Medicinische Wochenschrift* for March 28th, 1868, there is the conclusion of a series of articles by Dr. Adolf Hermann, of Pesth. In this he mentions as one of the accidents which sometimes follow the use of hypodermic injections, an œdematous swelling, which he thinks is caused by injury done to the lymphatics. He has noticed it only when the operation was performed on the cheek, and then only when the puncture was made too near the lip or the eyelids, places which he thinks should never be used for subcutaneous injections.

The whole half of the face swells up almost immediately, the eyes are closed, and one-half of the lips so much swollen that the articulation is a little obstructed. In two to four days, without any treatment other than the application of some spermaciti ointment spread upon linen, for the purpose of excluding the air. The œdema, in the cases which came under his observation, always passed away without any further disagreeable consequences.

Dr. Hermann thinks that, except for the use of morphia, the danger of inflammation and suppuration more than counterbalances any ad-

vantage to be derived from hypodermic injections. In hotter climates than his own, however, he admits that the employment of quinia in this way, for pernicious fevers, may be advisable.

Cynoglossum Officinale Analogous to Curare.

J. Setschenow, of Graz, communicates a paper to the *Centralblatt für die Medicinischen Wissenschaften* for March 28th, 1868, in which he states that he had, a short time before, received a letter from Dr. Diedülin, of St. Petersburg, enclosing some alcoholic extract of the cynoglossum for him to experiment with. In this letter, Dr. Diedülin affirmed that the extract would paralyze the extremities of the motor nerves in the vertebrata.

Accordingly, the experiment was tried by J. Setschenow on four frogs, in each of which a piece as large as the head of a pin was inserted into the dorsal lymph sac, and five or ten minutes after this, total paralysis of motion took place in each case, in all the muscles connected with the bony skeleton; the heart, however, continued to beat, the muscles were irritable, and the nerves of sensation were intact.

On account of the minute portion of the extract received, there was none left to try the experiments on the mammalia, so that the observation of Dr. Diedülin on these animals, more especially as regards the immunity of the vaso motor system, were not confirmed.

Recovery after Severe Injury to Nerves.

The Paris correspondent of the *London Lancet* writes to that journal:

Two interesting cases have recently occurred at Strasbourg. In one, the details of which are strikingly similar to the case lately observed in Professor Richet's wards, we read that MM. Bœckel and Hergott have had under their care a little boy, aged five years, who fell upon a shoemaker's knife, and received such a severe cut at the wrist that the radial artery, the median nerve, and the tendons of the various flexors were completely severed. A suture was applied to the flexor of the thumb and the superficial flexor of the fingers, but the median nerve was left untouched, as well as the other muscles; only the hand was bent upon the forearm, and maintained in that position. Complete and immediate cure was the very fortunate result; motility and sensibility were completely recovered. M. Chereau, whose able "Chronique Départementale" in the last number of *L'Union Médicale* furnishes me with the above details, concludes his notes of the case with the following points of interrogation:—Was the median nerve regenerated? or have the several extremities remained apart? and in the latter case, has the nervous fluid continued to circulate through the capricious meanderings of anastomoses?

With regard to the other case, I cannot do better than translate M. Chereau's graphic description:—"A girl of eighteen, an epileptic sufferer, seeks to enter a chamber; the key placed in the lock, within the chamber, projects forward nearly its whole length. With the left arm she draws the door toward her, half opens it, is taken with a fit, and falls with all her weight, the right eye striking the handle of the key. She is immediately taken up; a little blood is seen to ooze between the eyelids. The whole of the right eye is unimpaired, having only its muscles divided at a few millimetres from their ocular insertions, and the optic nerve, torn away evenly at the ocular surface, is found in the ring of the key handle, hanging by the conjunctiva."

The Artificial Production of Croupous Inflammations of the Respiratory Organs, and the Specificity of these Processes.

Dr. Ottomar Bayer, of Leipzig, has repeated Reitz's experiments on rabbits for producing croup by injecting caustic ammonia into the trachea. In the *Archiv für Heilkunde*, 1st Hess, 1868, p. 83, he reviews Reitz's account (Sitzungsber. der Kais, Acad. d. Wiss. zu Wien, mathem. —naturw. Cl. LV. 3, 1867,) at great length, showing that the inflammation produced by the latter was really a more or less high graded catarrhal one, which result his own very numerous experiments also gave. His own conclusions, briefly stated, point to the existence of—as far as the body is concerned—external but otherwise entirely unknown morbific agents as the final cause of croupous pneumonia, primary croupous bronchitis, and laryngo-tracheal croup, these agents being even essentially distinct though histogenetically related in each of these three diseases. He also admits the existence in the system of a special predisposition for croupous affections, and assigns to the frequently accepted ætiological factors such as exposure to cold and wet, etc., the place of assisting or exciting causes, which in themselves are able to produce only a catarrhal inflammation, but which bring about a croupous process with the co-existence of the disposition and the action of the unknown specific agent.

As it is not known that rabbits have any predisposition at all for croupous affections—no such affections having ever been positively observed in such animals—Dr. Bayer suggests that they are on this account already unsuitable

for experiments in this direction. Altogether the whole article although it pleads entire ignorance as to the essential nature of cropous inflammation is an interesting and suggestive one.

Removing Particles of Foreign Matter from the Eye.

Dr. E. M. Moore recently informed Dr. C. E. Rider, of Rochester, N. Y., of a method for removing particles of foreign matter from the conjunctival fold in cases where other means seem insufficient. It consists in scarifying the lid in the usual way, then closing the eye, and allowing the blood to coagulate and entangle the irritating substances in the clot. When the latter is removed, it brings away the foreign particles with it. This process was, Dr. R. believes, originated and frequently practised by the late Dr. Munn, who, a few years ago, had a great reputation for skill and tact in the management of eye diseases.

Reviews and Book Notices.

NOTES ON BOOKS.

Among the regular visitors to our table, the following have come to hand the past week:

1. *Hours at Home*, one of our very best monthlies, always containing articles of interest and value. This is a journal that can be safely introduced into any family, as there are positively no objectionable features about it,—but everything calculated to elevate and instruct. Among its contributors to late numbers, we may name Rev. Drs. Horace Bushnell, Philip Schaff, and S. T. Spear, Pres. T. D. Woolsey, Profs. E. A. Lawrence, T. C. Porter and A. J. Curtis, Geo. M. Beard, M. D.; and several foreign writers of distinction are also contributors, such as Guizot, Countess de Gasparin, the author of the Heir of Redclyffe, a Night in a Workhouse, etc., etc. $3.00 year. Charles Scribner & Co., New York.

2. The *Galaxy*, a popular and attractive illustrated magazine. Each number contains two or more well executed illustrations. In the September number are contributions from Dr. John C. Peters, on Cholera and its Oriental Sources, and Dr. T. Edwards Clark, on Slow and Secret Poisoning. Dr. Wm. A. Hammond is also a contributor. The *Galaxy* numbers among its contributors some of our best writers. There is nothing dull or stupid about it. It is cheerful, lively, wide-awake. $4.00 a year. Sheldon & Co., New York.

3. *Littell's Living Age*, a weekly magazine, published by Littell & Gay, of Boston, at $8.00 per annum, gives the cream of the foreign magazine literature. The selections are well made, and are often of special interest to the medical reader. The number for August 15th, contains a valuable article from the *Westminster Review*, on Nitro-Glycerine; that for Aug. 22d, one entitled Expositions of Rational Medicine, from *Modern Inquiries*, to which we may again advert.

Dental Materia Medica. Compiled by James W. White. Philadelphia: Published by Samuel S. White, 1868. 1 vol., 12mo., cloth, pp. 108.

The different drugs and preparations used by the dentist are here succinctly described, their doses and the indications for their employment given. The book contains very many useful directions, for which the student and younger practitioner will be thankful. The articles on anæsthetics and their administration, especially that on nitrous oxide, are very satisfactory. At the commencement several handy tables are given, abbreviations used in prescriptions, weights and measures, the pulse and respiration at various ages, the time of eruption of deciduous and permanent teeth, etc., etc.

Medical Communications, with the Proceedings of the Seventy-sixth Annual Convention of the Connecticut Medical Society, held at New Haven, May 27th and 28th, 1868. New Haven: Published by the Society; Moses C. White, M. D., Secretary. 1868. 1 vol., 8vo., paper, pp. 171, 36.

The most interesting of these communications are the two very well written and instructive prize essays, both by Dr. Roberts Bartholow, of Cincinnati, the one on the best hygienic means to preserve the health of armies, and the other on the therapeutic uses and abuses of quinia and its salts; the treatment of paralysis by hypodermic injections of strychnia, with a number of cases illustrative of its beneficial effects, by Dr. M. G. Echeverria; and the article by Dr. S. G. Hubbard, on the case of the late President Jeremiah Day, of Yale College, who died recently at the age of ninety-five. President Day is a striking example of what a careful, regular life can do to promote longevity, even when the constitution is unusually feeble. There are other articles very properly chosen for publication, on account of their practical utility—one on the relation of albuminuria to puerperal convulsions, by Dr. Hastings; on ichthyosis, (with plate,) by Dr. Pierpont; on traumatic lesion of the knee-joint, by Dr. Coates, and the usual addresses, obituaries, etc.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 22, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE PROPRIETY OF CERTIFICATES.

There is a misunderstanding, which we are very willing to believe is an honest one, among many physicians as to the propriety or impropriety of lending their authority to the sale of articles of food, medicine, or hygiene. Our code of ethics is undoubtedly very stringent on that point,—many think altogether too stringent. If a person who has the best opportunities to test the merits, we will say of an article of diet, what harm, it is asked, is done by giving his opinion frankly and publicly? Is it not indeed to a certain extent his duty to do so? And is not this duty still more obligatory on a medical man, who has in some degree the health of the community in charge, than on another member of society?

The argument is plausible, and we do not hesitate to say would be incontrovertible, were it not that there are so many certain to take the ell when they are given the inch. Many a one would take advantage of such a concession to rush into the public prints, not in order to benefit the public, but simply to get his name before the people's eyes, and to gain in this equivocal manner a reputation for knowledge and experience which his own labor and acquirements would never give him. To yield this point would open the door for the fools and knaves to rush in pell-mell, where the wise and scrupulous would fear to tread. It would take away one of the barriers which exist between the blatant empiric and the man of science.

We must approve, therefore, most decidedly the recent action of the Academy of Medicine of Cincinnati, in calling before it and reprimanding in a report of the Committee of Ethics two regular physicians of that city, members of the Academy, who had appended their names, along with the name of an eclectic doctor, to a certificate to the effect that certain mineral waters styled Kissengen and Vichy, made for popular use and offered for sale to the public in the same manner as ordinary nostrums, possess medicinal qualities to an astonishing degree.

The Committee very justly and temperately rehearse their reasons for this action and the objections to the course pursued by the signers of the certificate. They point out that such a mode of promulgating medical information is, to say the least, highly undignified and derogatory to the profession. In all enlightened countries by long usage, the medical journals are recognized as the only legitimate organs by which to publish discoveries in medical science or in which to carry on discussions. It is only when acting as the mouth piece of a medical society, or in the discharge of the duties of a health officer, or in some other regular manner, that it is proper for the physician through the newspapers to instruct the masses on subjects exclusively of hygiene, as, in regard to ventilation, clothing, diet, cleanliness, etc. Newspapers, hand-bills, circulars, etc., are the instruments used by quacks and empirics in disseminating their deceptions, and the physician puts himself on a level with such, and indeed is only worthy to be regarded as one himself, who employs them in professional matters, except in the manner described.

As there appears to exist an undue laxity on this point in many quarters, we hope that this action and these reasons will attract the attention of those who do not see the impropriety of such writings.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Notes and Comments.

Sulphite of Soda in Dyspepsia.

A corespondent reports a cure of an obstinate case of dyspepsia with this salt, in five-grain doses. No doubt when this complaint depend on fermentation of the ingesta, it would be of valuable service. But in dyspepsia the greatest attention should be paid to distinguish between its multifarious forms.

The University of Michigan.

We ask attention to the letter of Dr. A. B. Palmer, which we publish in this number, giving full information on the homœopathic folly lately attempted to be perpetrated in connection with this fine institution. All our readers will feel interested in seeing a full and true statement of the subject.

Male Nurse.

Inquiries are frequently made for male nurses, and there are very few capable persons who devote themselves to that business. Those wishing to employ a good, capable, intelligent man nurse, who has had much experience, particularly with the insane, can hear of a good one by applying at this office.

American Pharmaceutical Association.

The Sixteenth Annual Meeting will be held on the second Tuesday of September, in this city, at the new hall of the Philadelphia College of Pharmacy, Tenth street, between Cherry and Race. Strangers arriving in Philadelphia to attend the meeting will find a committee of reception at the Continental Hotel. The Association has now on its roll the names of 727 members living in all parts of the North American Continent.

Addison's Disease.

(See current volume Reporter, p. 20.)

In reference to this case Dr. A. Horr, of Iowa, sends the following additional particulars:

"The subject of it, James Dolan, was in my employ about five years ago, and was then of a peculiar hue resembling putty. He came to me for treatment, and served as man-of-all-work about my office and stable for several months. At first he was much debilitated, almost wholly void of animation, and would sleep most of the time during day and night. Under the use of tonics and quinine he gradually recovered from what I supposed was dyspepsia and marked malarial fever, so as to do about half a man's work. His color remained, however, nearly as before. Some months after leaving me, he came to my office to be examined for the U. S Infantry service, and was rejected. He must have offered himself elsewhere and been accepted, unfortunately for him and the service. He had been ill a year or more before I saw him."

Insecticides.

A recent traveler, Jager, in Sketches of Travels in Singapore, Malacca and Java, published in 1866, furnishes some testimony of much interest on this subject. He says that a tincture prepared by macerating one part of *Pyrethrum roseum* in four parts of diluted alcohol, and then thinned with ten parts of water and applied to the skin, gave perfect security against attacks of mosquitoes and other insects, enabling him to pass the night in an open boat on the rivers of Siam without any annoyance; and moistening the beard and hands with the same liquid would protect the hunter for at least twelve hours from the flies. On the Island of Luzon, a board six inches wide was fastened horizontally all around his house, and a track of the powder, several inches in width, laid along this board, proved an insurmountable barrier to the incursions of the countless myriads of ants infesting the country.

Hydrophobia.

The Paris correspondent of the *Chicago Medical Journal*, for April, 1868, quotes a curious assertion from the *Siglo Medical*, a Spanish medical paper. It says:

"The peasants of Gallicia have entertained the idea that dogs bitten by vipers, which are very common in that province, are no longer liable to contract hydrophobia, whether spontaneous or inoculated, after recovering from the bite of the reptile. This belief has induced them to endeavor to protect their dogs from the danger of *rabies canina*, by having them bit by vipers when young. If, indeed, the venom of the viper be a preservation against the other virus, the inoculation of the former will, by preventing dogs from contracting hydrophobia, indirectly protect men from being attacked with it. This consideration has induced a Spanish physician, whose name, unfortunately, is not given, to institute experiments with a view to test the efficiency of this preservation, by causing a number of young dogs, five or six months old, to be stung by vipers; and after recovery, to be subjected to the bite of mad dogs. The result was, that in every case the former were found to be insensible to the virus of hydrophobia, no matter how often or at what period of their lives they were subjected to

the ordeal. The sting of the viper would bring on fever, somnolency, and uneasiness, increasing for three or four days, and then subsiding in the course of three or four days more. Olive oil, externally and internally administered, would afford some relief. If, five or six months later, the same dog were stung a second time, the only consequence would be a slight tumefaction, without fever; and any subsequent bite by a viper produces no effect whatever."

Correspondence.

DOMESTIC.

Homœopathy in the University of Michigan.

Editors of Medical and Surgical Reporter:

In your issue of August 1st, just fallen into my hands at this place, you kindly give a statement from the Circular of the University of Michigan, recently published, in which it is stated that "*the Medical Department of the University of Michigan is entirely free from the remotest connection with homœopathy;*" then adding a paragraph from the *New York Times*, stating that "the Supreme Court of the State had decided against the Regents, holding that the establishment of a homœopathic school elsewhere than at Ann Arbor is not in compliance with the law which requires the Chair of Homœopathy to be established in the Medical Department;" and you then request for the benefit of the medical world, official information on the subject.

The statement in the circular referred to is "official" and correct; but an explanation of what appears to you a discrepancy between the statement of the circular and that quoted from the *Times* seems needed, and fearing your article may fail to attract the attention of other members of the University, now enjoying their summer vacation, you will permit me, in as few words as possible, to present the essential facts of our affairs, which has so much interested the professional public.

It will aid in throwing light upon the subject to state in the beginning, that the law referred to is regarded as not positive and binding upon the Regents, but only as a condition for receiving a certain sum of money, and the Regents have resolved to forego the money rather than comply with the law, if interpreted to require the introduction of a professor of homœopathy into the medical school at Ann Arbor, thus changing its curriculum, and destroying its existence as a legitimate school of medicine. This, it is hoped, it will not be difficult to understand; but a brief history of the relations of the University to the Legislature and the Regents, and of the legislation which has occurred in respect to homœopathy, may not be without interest to your numerous readers.

The State of Michigan, in common with other Western States, received years ago, two townships, or 46,080 acres of public lands, for the establishment of a University. This land was located by Commissioners of the State, was sold at fair prices, and the money invested in a "University Interest Fund," which has been well husbanded, and from it the institution, consisting of its three Departments,—one of Sciences and the Arts, one of Law, and the other of Medicine and Surgery, has been established and sustained,—the people of the State having never as yet added to the endowment.

About fourteen years ago, when some act relating to the University was before the Legislature, a clause was attached providing that there should be one professor of homœopathy in the Medical Department, and in that form was passed. The Regents at that time were urged by the homœopaths to carry out the provisions of the act, but the Medical Faculty, with others, strenuously objected, urging that the Regents were endowed by the State Constitution with the power and responsibility of regulating the affairs of the University,—that such a precedent of legislative interference would be dangerous, and that particularly the introduction of such a chair into the medical school would necessarily destroy its usefulness and success. Legal advice was taken; these views prevailed; this clause in the act was regarded as of no binding force, and the chair of homœopathy was not established.

Although for some years past the Medical Department from its moderate fees had more than paid its current expenses and professors' salaries, yet the University as a whole was in want of funds to meet the demands which its great expansion forced upon it, and application was made to the Legislature of 1867 for aid. A bill was introduced providing for the levying of a tax upon the property of the State for its support. The bill met with opposition by a large minority of the body, though favored by a respectable majority. There was in the Legislature a sufficient number under the influence of homœopathy to hold the balance of power between these parties. The opponents of the bill, ready to accept an amendment which would embarrass it, joined with the adherents of homœopathy in attaching as a condition of the payment of the

money, compliance with the former ignored law respecting the establishment of a chair of that system in the Medical Department. The bill, with this "homœopathic proviso," ultimately passed. The question then came before the Regents, as to whether they would or would not accept the money with the conditions.

Urged by the pressing wants of the University for additional funds on the one hand, and by a regard for the interests, and even existence of the Medical Department on the other, they hesitated for more than a year, and at length, contrary to the wishes of the Medical Faculty, who advised a prompt rejection of the fund, attempted an expedient by which they hoped to save the Medical College from contamination, and yet save the money. This consisted in the establishment of a school of homœopathy, to be located at some other place than Ann Arbor, nominally only in the Medical Department of the University, and to be supported in part out of the money to be raised by the provisions of the bill.

Under this action the Regents applied for the money, but it was refused by the State Treasurer, on the ground that doubts were entertained as to whether the conditions of the act had been complied with; and the question thus raised being brought before the Court, two of the three Judges acting in the case were of the opinion that the intention of the proviso was to have the professor of homœopathy in the Medical Department at Ann Arbor, and the Treasurer was sustained in his refusal to pay the money.

The Regents having previously to the decision of Court, assured the Faculty by a resolution passed almost unanimously, that under no circumstances would they establish the chair in the department at Ann Arbor, to disturb its curriculum, and introduce confusion and ruin, the whole project has failed, and thus the University "is entirely free from the remotest connection with homœopathy." Without further action on the part of the Legislature and Regents, no aid from the State will be received by the University; but it is hoped, after the light which this unpleasant experience has thrown upon the subject, that the needed assistance will be afforded without the imposition of conditions which will render the intended good a real evil.

It can readily be understood that the medical faculty have been placed in a very embarrassing position. The pressing wants of the University, and charges of illiberality, unfairness and prejudice being on the one hand, and professional honor, and the interests of medical science on the other. Hastily abandoning their positions would have led to the triumph of folly and error, and the ruin of the largest, and, as they believe, one of the best medical schools in the country; whilst quietly yielding to so unnatural an association would have been a sacrifice of self-respect and professional reputation, which could not for a moment have been thought of. They have done what they have regarded their duty to the profession and themselves, and we are happy in the belief that they have not sacrificed the honor or interests of either.

The most impressive lessons of wisdom are taught by experience, and if the lessons of these experiences be heeded, no further attempts will be made to mingle in the same institution, elements so totally incompatible as scientific medicine and the exclusive and absurd system of homœopathy.

A. B. Palmer, M. D.,
Prof. of Pathology and Practice of Medicine in the University of Michigan.

Richfield Springs, N. York,
Aug. 11th, 1868.

Case of Hydrocephalus.—Recovery.

Editors Medical and Surgical Reporter:

The following case presents some points of general interest. The patient, a boy 16 months old, healthy, except from extreme infancy, subject when sleeping, to an unusual tendency to restlessness and jactitation, increasing with age, and supposed, as usual, to arise from teething and worms. His mother commenced to wean him about the first of June last, which seemed to increase the restlessness, etc., to such a degree as to alarm his friends, when I was sent for, and gave an opinion hurriedly, that worms and intestinal irritation caused by teething and weaning were the cause or foundation of the symptoms. Acting upon the above opinion, I ordered four powders, containing santonin and calomel, to be taken morning and evening, to be followed, the second day, with castor oil, unless the bowels were already sufficiently acted upon. Pulse being quick and frequent, ordered hot saline bathing, with solution of aconite and spts. of nitre internally, to act on the secretions and skin. Drafts to extremities, etc.

Visited him on the second day. Castor oil had been given and operated freely, causing the removal of mucous shreds in large quantities, which was supposed by the friends to be "worms cut up." Hot skin somewhat abated, and urinated more freely, but his breathing was shorter, and pulse 160. Restlessness and jactitation un-

abated, with great inclination to somnolency, and contraction of pupils while asleep. Ordered mustard sinapisms to lungs, and added veratrum and ipecac. to solution. Continued hot saline bath to spine.

Visited him next day, and found the short breathing and restlessness increased, with an almost continued motion of the arms to the head, and a thrusting of the fingers into the mouth. For a moment, during wakefulness, the pupils would dilate, but would, during sleep, be permanently contracted. Nausea and vomiting, with occasional screaming,—the first no doubt partly attributable to the veratrum and ipecac in the solution. Skin not so hot, pulse 120. Ordered blister to lungs and epigastrium, lanced swollen gums, the cutting of which the little fellow seemed to enjoy. Ordered the solution in diminished doses. External treatment continued as before. I would here say that the mother put the child to the breast, as milk, from some idiosyncrasy peculiar to the maternal side, could not be borne, the least portion of which would be immediately rejected by the stomach. Soups were given, but had to be forced down.

At my next visit, the 5th, found the lung fever and cough much improved. Breathing freer and easier, the congestion seemingly permanently relieved by the counter-irritation, as well as the nausea and vomiting. The stupor and drowsiness continued so that he could scarcely be aroused to drink or nurse.

Visited him the same day, in consultation with Dr. Smith, who, after a rigid and careful examination, confirmed the diagnosis of meningeal disease and hydrocephalus. Recommended small but continued doses of calomel, rhei, and soda, to correct secretions, and, if possible, remove the persistent costiveness, which had to be overcome only by continued injections. Continued this treatment for two days, without any special effect, only to increase, if possible, the debility and jactitation. I, expecting of course the child must die, ordered as large a blister as could be laid on behind each ear, changed the entire course of internal as well as external treatment. Ordered alcoholic washes to the spine, solution of the sulphites of soda and nitre, and whiskey internally, with as much milk punch as could be retained by the stomach. I should have stated that the head had been persistently covered with cold cloths, which were forbidden with the change of treatment above indicated. To my surprise and gratification, the fever abated, the jactitation gradually ceased, somnolence seemed gradually to give way, and in one week appeared to be perfectly well, except weak. Now, was I mistaken as to the ultimate diagnosis of the disease, or did the continued persistent treatment, with the thorough blistering and discharge from behind the ear, with stimulants externally and internally, with thorough and persistent nursing, and the final addition of the sulphite of soda, relieve the meningeal inflammation, and produce the absorption of the effused fluid, and final cure of this, to me, interesting case? No opiates were used in any form, except a balsam copaiba mixture, containing spts. nitre, colch., and laudanum, given after the head symptoms abated—as a few drops gradually increased, seemed to relieve the cough and jactitation promptly.

Thomas Shannon, M. D.

Savona, Steuben Co., N. Y.,
July 6th, 1868.

News and Miscellany.

To Test the Purity of Water.

A glass tube of about a yard in length, closed at the lower end by a cork, upon which rests a white dish of porcelain, is recommended for determining the purity of water, as the slightest color is seen against the white ground, and the different shades indicate different ingredients. A green tinge is produced by minute algæ; a white opacity often by fungoid growths, iron salts by a peculiar ochry color. The apparatus is termed the chromiometer.

A Novel Style of Bath.

The Germans, who are a metaphysically ingenious people, have invented air-baths. Airing, instead of watering, places have been established on the top of some of the Rhine mountains, and provided with doctors, hotels, cottages, and all other necessaries for a summer sojourn. The mode of taking these air-baths is not described in the journal from which this announcement is taken.

Cerium.

The late Dr. Charles Wolf, of Cincinnati, O., while in the laboratory of Bunsen, in Heidelberg, Germany, made an elaborate investigation on the equivalent of cerium. The papers containing an account of his experiments and calculations have been translated for *The American Journal of Science and Arts*, by Mr. F. A. Genth, of Philadelphia. The result of the investigation is the number 45.664, (estimating oxygen at 8) as the equivalent of the purest cerium.

Free Public Baths in Boston.

During the month of July the number of bathers in the Free Public Baths in Boston, (with the exception of the women's bath at the foot of Broadway,) was as follows: men, 80,505; boys, 210,100; women, 7,002; girls, 29,365. Total, 326,972 persons.

—— The Dahlia, it is stated, possesses some narcotic property which seems to paralyze bees when they enter the flower for the purpose of collecting the honey or the pollen. In the fall, when the dahlias are in full blossom, numbers of bees may be found in them in a state of stupefaction, which ends in death if they are not removed from the fatal influence of these flowers. It would be well if this property were investigated with a view of ascertaining its influence on the human subject.

—— Dr. W. W. Parker, of Davenport, Iowa, was killed by being run over, at Ames, Iowa, by a train on the Northwestern Railroad, on the 8th inst. He was born in Onondaga, N. Y., in 1818. He resided in Davenport since 1854.

—— Cholera is said to be terribly prevalent on the Barbary coast. In one place over a sixth of the population of three thousand died.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Kelemen—Spicer.—On Monday, August 17, 1868, by the Rev. Mr. Marks, of New York City, Dr. Attila J. Kelemen, of New York City, and Jane E. Spicer, of East Chester, Westchester Co., N. Y.

Nixon—Robbins.—On the 30th ult., by Rev. Theodore Stevens, Dr. J. A. Nixon, of Philadelphia, and Miss Sallie A. Robbins, of Delaware.

Van Eman—Osborne.—In the Presbyterian Church at Decatur, Ohio, July 15th, by Rev. Henry Osborne, Dr. John H Van Eman and Miss Laura Osborne, daughter of the officiating clergyman.

Woodward—Estill.—July 8th, 1868, in St. John's Church, West Virginia, by the Rev. Joseph A. Nock, John P. Woodward, M. D., of Vernon, Ind., and Miss Irene M. Estill, daughter of Davis A. Estill, Esq., of Charleston.

DIED.

Beckwith.—At Litchfield, Conn., Aug. 13, Jane Seymour, wife of Josiah G. Beckwith, M. D., aged 57 years.

Uhler.—At Manayunk, Phila., on the 12th inst., May Blanche, infant daughter of Dr. H. N. and Margaret H. Uhler, aged 2 months.

ANSWERS TO CORRESPONDENTS.

Dr. J. M. B., of Mo.—Your numbers were duly received.

Dr. J. J. C., of N. Y.—Your article was duly received, and will have attention soon. Shall be glad to receive your report.

Canada.—Kidder's is the best battery; price $20 00. We can get it for you. The axilla thermometer can be obtained here for $3.50. Tanner's is an excellent work on practice, and there are few, if any, better.

Dr. F. R., G, of N. C.—If you send us accurate measurements, we can get you a truss of the kind you describe for about $7.00, but doubt if it could be sent by mail. Better by express.

Dr. J. S. L., of Pa.—We are as willing to recommend Dr. Thomas' work on Diseases of Women as any. Price, by mail, $5.50.

Dr. T. H. D., of Pa.—For ordinary purposes, Camman's stethoscope is of little value, though it is of great importance in hospital practice.

Dr. H. E. H., of Wis.—Wunderlich's late treatise on the Use of the Thermometer in Disease, has not been republished in this country, to our knowledge. You would have to import it.

Dr. B. I. P., of N. Y.—We are unable to give you the exact composition of Brou's injection, as we have not on hand the number of the *Jour. de Pharmacie* which contains the formula. We can tell you the ingredients, however. They are kino, subnitrate of bismuth, and acetate of lead.

Dr. C. R. R., of N. Y.—We would advise you to try the mineral water you mention. We know of some cases that it has benefitted, though, of course, it is no more a specific than anything else.

Dr. A. B. L., of Pa.—There are forty-eight instruments in the amputating case advertised in the Reporter. Such a case at first-hand costs $75.00; this one is offered at $50.00. Cases can be bought as low as $22 50, but are not first-class in metal, and the instruments are few in number.

Dr. C. S J, of N. J.—We have repeatedly branded the "Howard Association of Philadelphia" as a base swindle, and we warn all from having anything to do with it.

Dr. J. T. B., of Ills.—The price of Sim's monograph on Uterine Surgery is $4.00. It is a very excellent production, though somewhat radical.

Dr. C. F. D., of N J.—Brande & Taylor's Chemistry is a very full and complete work, and a new edition has been issued recently. Price $4.50.

METEOROLOGY.

August,	3,	4,	5,	6,	7,	8,	9.
Wind	S. W.	N. W.	N. E.	S. W.	S.	S.	S.
Weather	Clear.	Cl'dy. Rain.	Cl'dy.	Clear.	Cl'dy.	Cl'dy. Sh'r.	Cl'dy. Sh'ry.
Depth Rain		5 10					
Thermometer.							
Minimum	71°	65°	67°	64°	61°	64°	65°
At 8, A. M.	79	72	73	71	75	75	75
At 12, M.	82	75	79	78	82	81	82
At 3, P. M.	86	79	80	78	80	85	85
Mean	79.50	72.75	74.75	72.75	74.50	76.25	76.75
Barometer.							
At 12, M.	30.	30.1	30.3	30.2	30.2	29.9	29.9

Germantown, Pa. B. J. Leedom.

NOW READY.

THE ANATOMY & HISTOLOGY OF THE HUMAN-EYE.

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Each teaspoonful of the Elixir contains one grain of the Salt of Phosphorus and Iron, and each pint contains one ounce of Royal Calisaya Bark.

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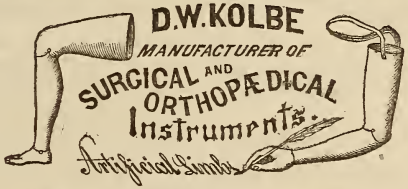

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The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

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This Course will commence on Monday, September 7, and terminate on October 10.

The Lectures will be delivered as follows:

MICROSCOPY. JAMES TYSON, M.D., Microscopist to the Philadelphia Hospital.

REGIONAL ANATOMY. D. HAYES AGNEW, M.D., Surgeon to the Pennsylvania Hospital.

PHYSICAL DIAGNOSIS. JAMES J. LEVICK, M.D., Physician to the Pennsylvania Hospital.

DISEASES OF THE SKIN. H. LENOX HODGE, M.D., Physician to the Children's Hospital.

MORBID ANATOMY. WILLIAM PEPPER, M.D., Physician and Pathologist to the Philadelphia Hospital.

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HENRY HARTSHORNE, M.D., Professor of Hygiene.

JOHN J. REESE, M.D., Professor of Medical Jurisprudence, including Toxicology.

The Fourth Course of the Auxiliary Lectures will begin on the first Monday in April, 1869, and terminate the last of June. These Lectures are free to all Students of the Regular Medical Course. 592—3 m.

TO PHYSICIANS.

Professor HORATIO R. STORER will deliver his fourth private Course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee $50, and Diploma required to be shown. Certificates of attendance upon the previous Courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, June, 1868. 592—617

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CLINICAL INSTRUCTION is given at Providence Hospital during May, June, July, and August; and at Campbell Hospital and at Columbia Hospital for Women during the College Course.

Clinical Instruction is FREE to the Matriculants of this School.

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In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves.

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

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GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D.D.

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A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs. TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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Retail price per case of two dozen quarts, $11. The usual discount to the trade.

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The water is shipped direct from the Spring to all places so situated as to be more conveniently supplied from this source. FOR SALE BY DRUGGISTS GENERALLY. 592—

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Anderson's Scots. (See U. S. Dispensatory.)	40	1 75
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Anthelmintic,	1 00	4 75
Antimony Comp.	40	1 75
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Assafœtida, 2 grs.	40	1 75
" Comp.	40	1 75
" et Rhei. { Assafœtida, 1 gr. / Pulv. Rhei. 1 gr. / Ferrum per Hydrog. 1 gr. }	75	3 50
Bismuth Subnit. 3 gr.	75	3 50
Bismuth et Ignatia,	1 50	7 25
Calomel, ½ to 5 grs.	40	1 75
" 5 grs.	50	2 25
" et Opii,	85	4 00
" et Rhei.	75	3 50
Cathartic Comp.	70	3 25
Cathart. Vegetable. { Podophyllin, Ext. / Colocynth, Virgin / Scammony, Aloes / Soap & Cardamon }	70	3 25
Chapman's Dinner Pills,	60	2 75
Cerii Oxalat., 1 gr.	1 00	4 75
Chinoidin Comp. { Chinoidin. 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperine, ½ gr. }	1 00	4 75
Chinchon. Sulph. ½ gr.	75	3 50
Cook's 3 gr. (See U. S. Disp.)	50	2 25
Coloc. Comp. 3 grs. (Ext. Coloc. Comp. U. S. P.)	80	3 75
Colocynth. et Hydrag et Ipecac.	75	3 50
Copaibæ, U. S. P. 3 grs.	50	2 25
" et Ext. Cubebæ.	80	3 75
Diuretic. { Sapo Hispan Pulv. 2 grs. / Sodæ Carb. Exsic. 2 grs. / Ol. Baccæ Junip. 1 drop / Pulv. Guiac. 3 grs. }	50	2 25
Dupuytren. { Hydg. Chlor. Coros. 1-10 grs. / Pulv. Opii. ½ gr. }	50	2 25
Ext. Valerian 3 grs.	65	3 00
Emmenagogue. { Ergotine, 2 grs. / Ext. Hellebore Nig. 1 gr. / Socot. Aloes. 1 gr. / Ferri Sulph. 1 gr. / Ol. Sabinæ. ½ gr. }	1 40	6 75
Fel. Bovinum. { Ox-Gall. 2 grs. / Pow'd Jamaica Ginger, 1 gr. }	50	2 25
Ferri (Quevenne's) 1 gr.	50	2 25
Ferri (Quevenne's) 2 grs.	75	3 50
Ferri Carb. (Vallet's) U. S. P. 3 grs.	40	1 75
Ferri Citrat. 2 grs.	50	2 25
Ferri Comp. U. S. P.	40	1 75
Ferri Iodid. 1 gr.	65	3 00
Ferri Lactat. 1 gr.	50	2 25
Ferri Pyrophosph. 1 gr.	40	1 75
Ferri Sulph. Exsiccat. 2 grs	40	1 75
Ferri Valer. 1 gr.	1 00	4 75
Ferri et Quass. et Nux Vom. { Fer. per Hydrogen 1½ grs. / Ext. Quassia. 1 gr. / Ext. Nux Vom. ½ gr. / Pulv. Saponis. ½ gr. }	75	3 50
Ferri et Quin. Cit. 1 gr.	75	3 50
" " 2 grs.	1 40	6 75
Ferri et Strychniæ. { Strychniæ 1-60 gr. / Ferr pr Hyrd. (Quevenne's) 2 grs. }	75	3 50
Ferri et Strych: Cit: { Strych: Cit: 1-50 gr. / Ferri: Cit: 1 gr. }	75	3 50

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Hepatica. { Pil. Hydrarg. 3 grs. / Ext. Coloc. Comp. 1 gr. / Ext. Hyosciam. 1 gr. }	80	3 75
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Hydrargyri. Comp. { Mass. Hydrarg. 1 gr. / Pulv. Opii. ½ gr. / Pulv. Ipecac. ½ gr. }	75	3 50
" Iod. et Opii. (Richards.) { Hydrarg. Iodid. 1 gr. / Pulv. Opii. ½ gr. }	75	3 50
Iodoform et Ferri.	3 25	16 00
Ipecac et Opii. 3½ grs. (Pulv. Doveri. U. S. P.)	50	2 25
Leptand. Comp. { Leptandrin. 1 gr. / Irisin ½ gr. / Podophyllin. ½ gr. }	1 00	4 75
Lupulin 3 grs.	40	1 75
Opii. U. S. P. 1 gr.	80	3 75
Opii. et Camphoræ.	90	4 25
Opii. et Camph. et Tannin.	90	4 25
Opii. et Plumbi. Acet. { Pulv. Opii. ½ gr. / Plumb. Acet. 1½ grs. }	80	3 75
Podophyllin et Hydrarg. { Podophyllin ¼ gr. / Pil. Hydrarg. 2 grs. }	50	2 25
Potass. Bromid. 1 gr.	75	3 50
Potass. Iodid. 2 grs.	85	4 00
Quiniæ Sulph. ½ gr.	85	4 00
Quiniæ Sulph. 1 gr.	1 40	6 75
Quiniæ Sulph. 2 grs.	2 75	13 50
Quiniæ Sulph. 3 grs.	4 00	19 75
Quiniæ Comp. { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. / Acid Arsenious, 1-60 gr. }	1 75	8 50
Quiniæ et Ferri, { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. }	1 75	8 50
Quiniæ et Ferri. et Strychniæ. { Quin Sulph. 1 gr. / Ferri. Carb. (Vallet's) 2 grs. / Strych. Sulph. 1-60 gr. }	1 75	8 50
Quiniæ et Ferri et Valer. 2 grs.	3 50	17 25
Rhei. U. S. P.	75	3 50
Rhei. Comp. U. S. P.	75	3 50
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" " ¼ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ½ gr.	1 10	5 25
" Valerianate. ½ gr.	95	4 75
Podophyllin. ¼ gr.	40	1 75
" ½ gr.	50	2 25
Potass. Permangan. Chryst. ½ gr,	50	2 25
Quiniæ Valerianate. ½ gr.	2 00	9 75
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Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 47.)

II. Ophthalmoscopic Characters of the Diseases of the Retina.

11. Separation of the Retina from the Choroid.

Desmarres found in one hundred cases of incomplete amaurosis nine where the retina was separated from the choroid, so that the affection is by no means rare. It presents itself in various degrees, from a patch a quarter or half an inch in diameter, to that extensive separation that involves the whole retina. The nervous layer when thus loosened from its adhesion with the choroid, falls into folds mostly in a transvere direction, sometimes, however, they are radiating. In the lower degrees of separation the retina remains transparent, so that the underlying parts may be easily inspected, if the effusion between the two membranes be also diaphanous. As the disease advances, the results of progressive inflammatory action are indicated by the retina becoming opaque in patches and streaks over its entire extent.

The position of the separation may be at any point in the retinal field, but in almost all cases the effused fluid upon which separation depends, obeying gravitation, will descend into the inferior segment of the retina, where the characteristic features of the alteration will be observed. The increase of the fluid is shown by the gradual advance of the posterior, and generally irregular margin of the separation towards the optic disk, around which it passes upon both sides, and ascends until all but an upper section of the retina is completely detached.

As the sero-albuminous fluids collect, and pushes the retina forward toward the iris, the vitreous humor is proportionally absorbed by the pressure exercised upon it from behind, until the hydropic folds of the retina approach so near the iris, in some cases, that their wave-like motion can be readily seen by the unassisted eye. In other cases, however, the disease does not progress to this palpable degree, but is so moderate as to require the ophthalmoscope to distinguish the folded and moving retina.

This characteristic wave-like motion of the retina, when the eye is made to change its position, is in very rare instances wanting, perhaps in consequence of the edges of the separated fold being firmly adherent to the choroid, so that the fluid is in some sort incapsulated. When, however, in any case no motion is observed in the folded retina, it should rather lead the observer not to regard it as one of retinal separation dependent upon sero-albuminous effusion, but a separation connected with some other pathological change, for instance, as a cysticercus, or choroidal tumor, etc.

As to the nature of this effused fluid, it may be stated that as far as examinations have yet been made with the unmixed liquid, it has been found to be colorless, or of a slightly reddish or yellow tint, fibro-albuminous, and containing various salts in solution; and when the disease has been of long standing, or connected with adjacent inflammatory changes, the fluid is altered greatly in character; the albuminous constituents, often depositing upon the interior of the folds in flakes, while the fluid portions becomes charged with hematin, cholerterine, fatty and pigmental matter, and blood coloring it in various degrees and tints from a light-reddish, or yellowish to a deep-brown or brownish-black.

The exact causes of the changes here described, are not as yet sacertained and indisputably defined. At first, though thought by some to depend upon an effusion of blood beneath the retina this view was entirely untenable, and unsupported by facts and experience. Desmarres punctured eyes affected with subretinal effusion, and obtained a blackish-brown, or chocolate-colored fluid, which he did not, however, regard as originally constituted by blood. Others have assigned choroidal inflammation as the starting point of the effusion, but it lacks confirmation. And in no better light can we view the ascription of the effusion to diminished intra-ocular pressure. All the experience hitherto accumulated of retinal detachment, supports the view that its occurrence is inmately connected with, if it does not entirely depend upon retinal inflammation; not the ordinary type of neuro-retinitis, but some modification or variety of it not as yet accurately determined. This much we do know, and it is strongly corroborative of its inflammatory origin, that the same morbific causes involved in the production of the retinal inflammation, are at the bottom of similar changes in the other structures of the eye producing hyalitis uveitis, choroiditis, and atrophy of the eye-ball, conditions always associated with retinal separation in some period of its course.

Blows and injuries upon the orbital margins and eyeball, surgical operations wounding the membranes of the eye, are also regarded as sufficient causes for the establishment of sub-retinal effusions. The frequent connection of the retinal alteration with myopia, particularly those cases in which there are posterior staphyloma and sclero-choroiditis—conditions productive of alteration in the ocular tension and embarrassed circulation—indicates the intimate and often dependent relation of these pathological conditions. The same derangements of normal intra-ocular circulation and pressure, accompanied with separation, may take their origin in the pressure exercised upon the globe by tumors and abscesses of the orbit and eyeball.

It has already been stated, that the obscuration of vision generally occurs suddenly. This is especially the case in those instances where the retinal detachment results from violence applied directly to the eye or the neighboring bony structures. There are, however, other cases, where the subjective and objective symptoms of the detachment are exceedingly slow in developing, sometimes weeks and months elapsing. In fact, they are so little marked as to remain unnoticed for a long period, the sight being first disturbed by the occurrence of distorted and colored images of external objects, conditions dependent upon floating vitreous opacities. If now the eye be carefully explored ophthalmoscopically, the alteration in the retina is detectable, and the progress of the disease can be discerned, and its ever-varying course noted with ease.

It has already been hinted, that when once the effusion has occurred, spontaneous cure, or at least, improvement in vision, may occur by the absorption of the effused fluid, and the replacement and renewal of connection between the separated membranes. The adhesion, doubtless in some cases, originates in the deposition of a new bond of junction from the solid matter deposited from the effused fluid as it is being absorbed. This favorable result may alone be hoped for in normal eyes in which the detachment has resulted from the infliction of some injury upon them. The other cases, where posterior staphyloma and sclero-choroiditis enter as factors in the pathogenesis of the separation, we can hardly hope for more than a temporary stay of the morbid condition. Inflammatory complications will certainly, sooner or later, culminate in the complete destruction of vision in the eye first affected, and generally also in the other one.

Ordinarily, the disease begins abruptly, without any antecedent symptoms or circumstances to indicate what is about to occur. The vision of one eye is suddenly impaired, the field being occupied by a bright, and sometimes dark cloud, which obscures the perception of all objects behind it, shutting out sometimes the whole of them, at others, but parts of a single one, so that half of a chair or bureau, or other thing, is alone perceived when the eye is directed toward them. The cloud, the position of which is most always above, a circumstance worthy of remembrance as of diagnostic value, has in certain cases

been observed, at its first appearance, to present a blood-red color, which in two or three days is dissipated, the ordinary darker color taking its place.

It is observed sometimes, that the cloud is entirely absent in certain instances of detached retina, its place being usurped by a foggy veiling of objects presented to the eye, by which they are variously distorted. They also sometimes present various marginal colorings, the reddish tints particularly predominating, and constant alteration of position with every motion of the eye, two circumstances strongly indicative of retinal detachment. This abolition of vision corresponds with the extent of the retinal separation, and progresses proportionally with it, that portion of the retina remaining in connection with the choroid retaining its functional activity, and by observing the position of objects required for distinct vision, we can form a general idea of the location and extent of the separation. This, it must be stated, will simply afford an approximation, for it may be observed that the extent of abolished vision is sometimes much greater than the observed extent of the disease.

As long as the macula lutea remains unembarrassed, the smallest letters may be distinctly seen and read; in the early stage of the disease this can generally be done. At various periods, however, as the destructive process advances, the functional integrity of the retina is so far impaired, that the visual power of the eye is reduced to the mere perception of light, and even this is destroyed in the end by atrophy of the retina and eye-ball, the result of a slowly advancing inflammation of the choroid, uvea, and vitreous humor.

Retinal deatachment, even when complete, is not incompatible with a certain amount of perception of light, and the impressions are then projected outwardly in the direction of the axis of vision. Experience goes to prove that in certain cases of separation of the retina and choroid, the absorption of the intervening effused matter, permitting the membranes to again come in contact, may be followed by a re-establishment of their connection and the resumption by the retina of its full functional activity. But such cases are certainly not common, and we can only expect such a result in cases of the slightest character, and especially in those occurring in normal eyes, the result of accident.

When the detachment has proceeded to some, extent and particularly when the retina has become opaque, the observer can detect the alteration with his unaided eye, and the more readily if the pupil of the diseased eye be fully dilated. The fundus of the eye then presents a yellowish reflection, and a trembling or wave like motion of the retinal folds can be readily appreciated, while if the folds advance well forward their motion is even communicated to the inside. In most cases, however, this clear picture is not obtainable, as there will be more or less inflammatory disturbance in the vitreous humor associated with the retinal detachment, giving rise to floating opaceties in front of the retina, which obscure its accurate definition. These difficulties are also enhanced occasionally with the occurrence of cataract, particularly of the polar and capsular varieties, the expression of inflammatory action of a slow type in iris and choroid.

In the detection of the earlier stages of retinal separation our only dependence is upon the ophthalmoscope, the employment of which, with satisfaction and certainty, demands a certain amount of diaphaneity of the refracting media, a condition that cannot, even in the majority of cases, be perfectly secured on account of the development of opacities in the vitreous humor. This complication in some degree always accompanies, if it does not really in some cases precede, the retinal detachment. There is something, however, in the movements of the vitreous opacities, on motion of the eye, quite characteristic, and which distinguishes them from somewhat similar movements of cholesterine crystal and pigment masses deposited upon the vibrating, bytropic retinal folds. They both move confusedly and irregularly in every direction whenever the position of the eye is changed, and in so far resemble each other opthalmoscopically, but the moment the eye is stilled the cholesterine crystals always resume the same relative position, however frequently this relation may be disturbed. The vitreous opacities on the contrary, when the disturbing cause is removed, settle confusedly to the lowest portion of the fundus.

When the fundus has been successfully and strongly illuminated the observer should carefully scan its surface in every direction, to detect the position of the retinal separation, which will usually be found at some point at its lower part, mostly below and outwards, more rarely below and inwards, and altogether exceptionally at its upper part. In the latter case the detached fold will only be perceptible for a few hours immediately after the infliction of the injury upon which the separation depends, for the fluid will speedily gravitate downwards, permitting the retina to again resume its normal position upon the choroid, and leaving nothing to mark its presence there but a cloudy patch of retinal tissue.

The fold is usually seen relaxed and vibrating to and fro with every motion of the eye. If the elevated portion of the retina be still transparent, its vessels alone will be seen participating in the motion, perhaps a little obscured by the mist-like clouding of its anterior layer.

The color of the folds vary according to the nature of their contents and the changes that have occurred in their walls. If the fluid be transparent and contained by a diaphanous retina the roseate here of the choroid may be readily perceived through it. With some degree of retinal opacity the folds will present shades varying from a bluish-gray to a deep bluish-green. The highest part of the fold often displays a dull satiny lustre.

There may be in other cases such a degree of folding and thickening of the retina that a whitish-gray or dirty yellowish color only will be seen, modified by darker and lighter portions.

In most cases, even in some of long standing, the circulation in the detached retina continues normal, and the vessels can readily be traced as dark-red and occasionally black streaks, according to the tint of the back ground, pursuing their course in curves over the folds.

The shape of the optic disk will sometimes be changed either stationary or temporarily by a retinal fold overhanging some part of its circumferance; without a knowledge of the possibility of this occurring the observer might be led to an erroneous conclusion. In old standing cases there will be often observed indications of the existence of neuro-retinitis.

According to Graefe in rare cases the entire retina is separated and falls into folds running from the ora serrata to the optic disk, the entire arrangement resembling a funnel with its base at the ora and its apex at the disk.

12. Encephaloid of the Retina.

Observers are not agreed as to the exact tissue in which this form of malignant disease of the interior of the eye takes its start. It is not decided whether in all instances one tissue furnishes the nidus from which it is developed or whether all of them are equally liable. That it often does take its origin in the retina is beyond dispute; that it is sometimes located in the choroid and in the iris are also facts that seem to be sufficiently well established. In this short article I shall confine my remarks to encephaloid as it is met with in the nervous layer of the eye.

Desmarres states that he has especially met with this disease among children; many times he has seen it afflicting infants aged several weeks only; but most often it was towards the second or third year, and between the tenth and fifteenth years that he observed it. On the other hand he had a case of a man nearly forty years of age.

According to the same authority the disease ordinarily attacks but one eye, cases are not, however, uncommon in which both eyes of an infant are affected; he has never seen an instance of this sort in the adult.

It is only upon the first stage of retinal encephaloid we shall dwell, in which only is instrumental means of service in making out the diagnosis. In the latter stages the rapid progress of the disease soon reveals its nature when the ocular walls are ruptured through the cornea, or, what is more frequent, through the sclerotica, and the proliferating tissue is displayed to the eye.

In the very beginning the eye presents nothing abnormal exteriorly—the sclerotica retains its brightness and the iris its accustomed motions. The usual severe pain which comes in with a more advanced period of the disease is wanting; the only prominent subjective symptoms present is

impaired vision of some sort depending upon the position and extent of the retinal tissue invaded by the cancerous matter. It is not long, however, before the iris loses its mobility and the pupil becomes irregular, and increased intra-ocular pressure is evidenced by hardness of the globe and ciliary neurosis. When rays of light are permitted to enter the ocular chamber obliquely, the fundus displays a spot reflecting yellowish, or golden-yellow, light, which increases with the progress of the disease until it invades the entire field.

With the ophthalmoscope the yellowish reflecting surface will be seen to be the uplifted retina, stlll coursed by its uninterrupted vessels. At a more advanced period it will present all the phenomena of vibrating motion described in connection with simple detachment of the retina, which should be carefully discriminated else the encephaloid character of the case may be overlooked.

The gradual unfolding of the case continues, and the tumor presses upon the vitreous tumor, which disappears *pari passu* with its increase, until the anterior surface of the growth arrives at the crystalline lens. This condition of things may lead the observer into error of diagnosis in supposing the existence of a cataract, but careful examination with ophthalmoscope and with lateral illuminations, taken in connection with the history of the case, will dispel all doubts. It will be well also to mention in this connection that chronic inflammation resulting in the deposition of pus between the retina and choroid, or between the retina and vitreous humor will, likewise, give the yellowish reflection of an encephaloidal surface, and is only to be distinguished by the history of the patient, and the most minute attention to the difference in appearance of the fundus in the two cases.

The last expression of encephaloid is the involvement of all the tissues and ruption of the eye-ball, and the protrusion and ravages of the growth in the surrounding bony tissues and cavities, and certain death.

13. Cysticercus of the Retina.

This remarkable parasite has been the subject of many accurate observations from the earliest times, as it has been found in anterior structures of the eye, but we are indebted principally to von Gräfe and Leibreich, since the introduction of the ophthalmoscope, for the knowledge we now possess of its origin and development in the interior structures of the eye.

It is found sufficient common in the north of Germany, but rarely in the south part and in France; it is equally uncommon in this country.

The cysticercus has been found in the conjunctiva, sub-conjunctival connective tissue, in the cornea, aqueous and vitreous humors, and in the retina. It is the latter locality, especially, that is its principal habitat.

When located in the anterior structures of the eye, its presence can easily be diagnosticated by simple inspection. It seems always to be the source of more or less irritation, and unlike a simple cystic growth, which it may in some cases resemble, the immediately surrounding tissues as well, as its own cell wall will present more or less opacity, and there will be vascular irritation, as shown by the increased number and size of the blood-vessels in the same locality.

The existence of the cysticercus is always a matter of the most serious concern for the safety of the eye, and unless removed, will eventuate in the destruction of vision and atrophy of the globe of the eye.

It probably gains entrance into the eye through some of the blood-vessels supplying it, and afterwards boring its way through their walls to the point to which it is subsequently attached, or floats free in the humors.

The ophthalmoscopic character of the cysticercus are well marked, and characteristic. The cysticercus is found in its early period of development contained in a grayish-white capsule, which, in some cases, seems to be placed between the layers of the retina, as the retinal vessels are continuous over its surface. Though this is the color of the capsule, the light reflected by the sheath often display greenish or bluish tints.

The sheath in some cases appear elongated, being connected at one end by filamentous processes reaching to the retina, at the other by the same thread-like con-

nections, which seem to reach to, and to be attached to the posterior surface of the crystalline lens. The head of the animal is indicated by its position upon the side of the sack, as a white knot-like projection, which can be seen altering its poeition and form.

This mode of connection gives the cysticercus ample facilities of moving about in the fluidized vitreous humor.

In the course of development the capsule is first ruptured, and the cysticercus protrudes its head and neck as a vesicular elevation upon its surface, entirely uncovered by the walls of the sack. The balance of the investing membrane is subsequently broken up into thread-like processes, connected to the fundus of the eye, and partly covers the liberated animal.

As stated above, unless the parasite is removed from the interior of the eye this organ will be finally lost by irido-choroiditis, or hyalitis, with suppuration and final atrophy of the globe.

[To be continued.]

EXTIRPATION OF THE RIGHT PAROTID GLAND.

By Wm. C. Crooks, M.D.,

Of Philadelphia.

The following case, a large, robust, plethoric, and corpulent Irish woman, æt. 45, came under my care August 25th, 1866. In June, 1866, during an altercation she had with other parties, she received a blow immediately below the right ear, and soon after this noticed a swelling of that side of the face. It increased slowly and without much pain for nearly two months, and was thought to be a fatty tumor, or perhaps an abscess. The latter diagnosis being thought the most probable, appropriate applications were made to hasten suppuration. The tumor yielded readily to this treatment, and when sufficiently soft and fluctuating was punctured; when a large quantity of ichor was discharged of an ulcerous nature. About the beginning of August, other openings appeared anterior and posterior to the first, from which a thin fœtid fluid issued; and, when I first saw her, there was not only the opening first made by the lancet, which had now sloughed to a considerable extent, but around it were numerous smaller ones. From all these apertures pus was freely discharged, and accompanied by large sloughs which not unfrequently required for their extrication the use of the forceps.

The submaxillary gland, and the lymphatics of the right side of the neck were more or less involved; and, down the neck till within one and a half inches of the sternal origin of the streno-cleido-mastoid muscle, and anteriorly on the face the masseter muscle, and posteriorly on the neck the sterno-cleido-mastoid were partially bare, and could be seen, owing to the undermining of the parts by the sloughing. A large pouch was formed by the skin and subjacent tissue of the neck, which served as a receptacle for the gravitating fluid. The large blood vessels of the neck, and some of their larger branches in the parotid region, could be seen by dexterously separating the sloughing parts. From the latter a troublesome hemorrhage more than once occurred.

Such a case as this needs little comment. But one thing could be done, and that was to remove the gland entire, and arrest the sloughing as quickly as possible. For the important blood vessels of the neck had already become endangered, and their destruction inevitable if a change was not effected and that without delay. The operation was as follows: One crescentic incision was made, from the zygoma to a point two inches behind the ear on the os occipitis, the sloughing having provided amply for the incision on the neck. On detaching the integument in the form of a double flap, the gland was fully exposed, and as expected, found in a condition favoring easy detachment. Commencing behind the gland, and by working forward it was gradually freed from its posterior and inferior attachments. The external carotid artery was now secured, and the upper and anterior attachments divided, and the gland removed from its deep adhesions. These were by no means as close as in the healthy condition, for a large portion of the gland was removed in the form of small shreds and sloughs, and such adhesions as were yielded readily. During the operation the temporal, transverse-facial and internal maxillary arteries were cut and ligated. The submaxillary gland being in-

volved in the disease, along with a number of the lymphatics in the vicinity, was also removed. A slight hemorrhage which yielded readily to styptics occurred. The wound was then filled lightly with lint well saturated in a strong solution of permanganate of potassa and liquor sodæ chlorinatæ. I will here append the recipe used on that occasion:

℞. Potass. Per-mang., ʒij.
Liq. Sodæ Chlor., f.ʒij. M.
S. Tablespoonful to be added to Oss water.

With this dilution the edges of the flaps were well washed, and then closed by adhesive strips, and covered with a compress, and bandage. The next day this dressing was removed and a stimulating poultice applied, having the wound well washed twice daily with the above formula; but of a greater dilution, using only a dessert-spoonful to the pint of water. This was continued three days, when I applied a solution of nitrate of silver, 20 grains to the ounce, and ordered to follow it the ceratum resinæ. Under this the patient improved rapidly, and in seven weeks was perfectly well. The patient removed from the city three months after the operation, where I know not, and I have not heard from or of her since. Therefore I am unable to ascertain whether or not the disease has again returned.

It is almost superfluous to observe that during all this time of sloughing, suppuration and reparation, the patient had been well managed, and amply supported with food, and wine, and medicine.

At first it was very difficult to arrive at any well grounded opinion as to the true nature of this disease on account of inability to trace any hereditary transmission of the cancerous diathesis. The patient assured me that she was well acquainted with the statistics of her family ancestry, and, that they in general enjoyed both health and longevity, showing at no time any evidence of the cachexia. I questioned her closely, but only found her, if my conjectured diagnosis proved correct, to be unlike her ancestors; which after more accurate and minute examination was proven beyond a doubt.

The cachexia may and undoubtedly does sometimes become subjected to a partial or entire eradication by the production of tumors, whose character are intermediate or transitional between cancerous and simple growths; and may, in this process of unloading the system of that morbid condition of the blood escape the cancerous character, but still be transmissable to posterity. Therefore it can readily be conceived how the parent tainted with the cachexia, though not manifestly so, (on account of the morbid material in the blood being somewhat deficient, and with this no tissue favoring its localization,) may transmit the disease to their offspring, who may offer a better soil for the seed to germinate and mature.

I believe that in a great number (if not all) of the cases where the hereditary transmission is so difficult and seemingly impossible to trace, that by casting a scrutinizing and searching inquiry back into ancestry the germ will be discovered; and not unfrequently in this way, viz., that at some time or other there existed in some member of the family growths which, though receiving the ordinary appellation of tumors, would have been found if subjected to an examination under the microscope to contain cancer cells; but so altered, that, as I said before, the cancerous disposition was gradually fading out. Suppose a case of scirrhous, or medullary, or any of the many different varieties of cancer should come under observation wherein no hereditary disposition could be traced, and that in that individual case there was no such predisposition traceable. There could be left only two other probable sources, thsoe of inoculation and contagion; but concerning these the presumed facts are, at present, very few and uncertain.

Convinced that in the case under observation the tumor was unquestionably a cancerous one, I resolved if possible to trace out the hereditary transmission, or at least satisfy myself better in regard to it. When talking with the patient on one occasion, she told me that she had had recalled to her memory by a friend, when conversing on this subject, what I considered an all important point, i. e., the appearance of hard fibroid tumors (so called) more than once on her grand-parent. Now this may be said to be mere conjecture or wild speculation; but may we not deduce from it that the cancerous sub-

stance in the blood whatever it may be, and whencesoever derived, is a result of long continued elaboration? The feasibility of this question at least will be admitted.

But now let it be observed, this tendency to cancerous disease is often and most generally derived from a parent, who is not yet manifestly cancerous; and the tendency which exists in the parent may even succeed that in the child in developing, or it may become evident in the parent, and (though the tendency exist,) never become effective in the child, and vice versa. Thus it is handed down from grand-parent to grand-child, while in the interposed generation it remains occult.

It is almost superfluous for me here to observe the well known fact of transmutation during transmission of cancer from parent to child; and while this is supported by actual observations in practice, it is at least possible that I may be justly attributing the cause in this case to hereditary disposition. If the tumors which appeared on the grand-parent were cancerous, (and I believe they were,) they without a doubt were of the scirrhous or hard variety; while that in the patient was of the medullary, going to add another testimony in support of the now well proven fact, i. e., that in hereditary transmission the cancer material may be modified so that the form of the disease in the offspring may be different from that in the parent. The change from scirrhous to medullary cancer, and vice versa, is not an unfrequent tale.

Editorial Department.

Periscope.

Notes from the British Medical Association.

We take the following abstracts of some interesting papers read before the last meeting of the British Medical Association from our English exchanges:

On the use of Ether and Etherized Cod-liver Oil in the Treatment of Phthisis. Dr. B. W. Foster referred to the great difficulty of digesting fatty food, which distinguishes the great majority of phthisical patients. This defective assimilating power had hitherto been treated by incorrect or insufficient means. The only true method of treatment to be adopted in such cases should be directed to the organs, whose secretions are at fault. Physiology teaches that the digestion of fat is specially performed by the secretion of pancreas and the glands of small intestine. Dr. Foster had long sought for a means of influencing these glands, and at last had found most ample evidence in the works of Claude Bernard, that ether is capable of augmenting the pancreatic secretions to almost any degree. Bernard was accustomed, in his experiments, to give ether to animals, in order to obtain a good flow of pancreatic juice. Applying this discovery to the treatment of phthisis, Dr. Foster had met with most satisfactory results. The ether was given as a mixture sometimes, but generally in the form of etherized cod-liver oil. Of the patients treated, and all observed over some months, some over two years, 42 per cent. improved under treatment, 30 per cent. remained stationary, and only 28 per cent. became worse; 12 per cent. of the cases treated presented all the evidence of the arrest of the disease. In no case were the symptoms and physical signs alone accepted as evidence of improvement, every case was weighed from week to week while under observation, and only a decided increase of weight in addition to other signs received as evidence.

Bromide and Bi-bromide of Mercury as Therapeutical Agents. Dr. P. Smith gave a comparative view of the relative combinations of fluorine, chlorine, bromine, and iodine with mercury, both with regard to their affinity and per centage in each compound. It was also shown that the bromides are more active than the chlorides. Then followed some remarks on the action of the elements of the compound, viz:—bromide and mercury, in which was ascribed to Sir C. Locock the introduction of bromide of potassium to the profession. The author had used the bromide and bi-bromide of mercury for upwards of five years, and had found the bromide valuable as an efficient chologogue and purgative, promoting absorption of morbid tissue with less constitutional disturbance than from calomel, citing instances, and calling on members of the Association to aid him by their efforts further to investigate the subject and to prove his conclusions.

Ergot of Rye in the Treatment of Neuralgia. Dr. E. Woakes spoke of the ergot of rye as a remedy in the treatment of neuralgia, giving a brief epitome of his views of the pathology of this disease preceded by the illustrative cases, this application of the drug being the direct corollary of his theory. Regarding shingles as more or less

illustrative of all forms of neuralgia, the author referred the rash, and the pain, in it to the same cause: viz., effusion of liq. sanguinis from the ultimate branches of the artery in the track of which the symptoms appear. Tracing this artery to the skin in one direction, the effusion from a papillary arterial twig was seen to occasion a spot of herpes upon the cuticular surface of the papilla; tracing it in the direction of the corresponding sentient nerve, the fluid effused from the nutrient twigs (vasa nervorum) supplying it was found to occasion, by its mechanical disturbance of the sentient fibrillæ, the severe pain constituting the associated neuralgia. The cause of the effusion in such case was referred to a temporary suspension of the regulating influence exercised over the minute arteries by the sympathetic nerve-fibres distributed to them. It was this suspended function that the ergot was supposed to restore, and so to allow of the removal of the fluid from its pain-causing situation. Five cases were reported; one of severe neuralgia following shingles, one of sciatica of four months' duration, one of hemicrania, and two of ordinary tic; in all of which cure resulted in from four to six days after commencing with the ergot.

On Stammering with other Organs than those of Speech. James Paget, Esq., F.R.S., remarked that the essential characters of stammering, in the want of concord between muscles acting to expel something and muscles relaxing to let that something pass, were shown in certain diseases of the urinary organs, and of those of deglutition. The correspondences of the several sets of cases, especially in their mental relations, and the methods of treatment that they consequently required, were pointed out.

On Improvements in Plastic Surgery. Mr. M. Collis described his method of operating for vesico-vaginal fistulæ, by splitting the margins of the fissure and using quilled sutures. He also demonstrated a new mode of operating for hare-lip, the peculiarity of which consisted in utilizing all the parings. He further advocated the use of chloroform in cleft-palate operations, and strongly recommended the propriety of saving the palate, and, if possible, the alveolar process and teeth in tumors of the superior maxilla. His paper was profusely illustrated.

Case of Aneurism of the Innominate Artery, treated by Acupressure of the Carotid and Bronchial Arteries. Mr. George May, Esq., jun., related the case. J. W., aged 38, suffered from aneurism of the innominate artery for twelve months. On August 19th, 1867, an aneurism-needle was passed behind the carotid, and the probe behind the brachial, close to the axilla. Arrest of pain and visible pulsation. The needle was removed after seventy-two hours. The pulse recommenced in temporal; ligature of carotid. The probe was removed from the brachial after ninety-six hours. There was return of visible pulsation in the aneurism on the twelfth day. The author made the following deduction. 1. Early period at which collateral circulation becomes established. 2. Importance of securing carotid and subclavian arteries simultaneously. 3. Advantage of acupressure over ligature. The following were the results of the treatment. Partial arrest of growth of aneurism. Patient able to do easy work.

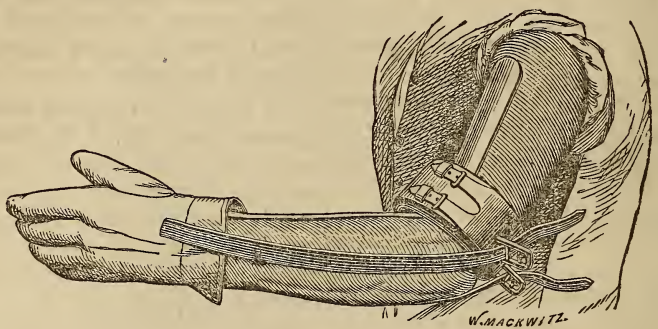
The Removal of Cancer by Caustic Arrows and Carbolic Acid. Dr. J. R. Wolfe related two cases. In the first, there was epithelial cancer in the inner canthus, involving both eyelids, of nine years' standing. Four openings were made around and one in the centre of the tumor, into which were inserted caustic arrows. On the third day the tumor came away; the wound was treated with carbolic acid dressing, at first strong, afterwards diluted, and with the application of carbolised wadding dipped in glycerine; it healed in a fortnight. There was no relapse, and scarcely a trace of a cicatrix remained. The second case was one of cancer of the lower eyelid and cheek, removed in the same way. The patient was discharged in eighteen days. There was no relapse. The advantages of this mode seem to be—1. Little or no pain; no confinement to bed required. 2. Complete extirpation of the diseased part. 3. The gap left granulates freely, without leaving any mark. 4. It is valuable for removing tumors from regions where no skin can be obtained from the neighborhood, and is also applicable to erectile tumors, nævi, cancer of the breast, etc., occurring in particular persons, places, or seasons of the year when the use of the knife is to be dreaded. The arrows are prepared by making chloride of zinc into a stiff paste with starch, rolling into shape and drying. Dr. Wolfe showed that obliteration of the lachrymal sac, etc., did not necessarily induce epiphora or any discomfort, referring to the result of his own experiments on rabbits, which proved that the lachrymal gland was by no means the main source of the tears, which continued after the removal of that gland.

—— The final abolition of corporal punishment in female prisons in Prussia is now ordered by the Minister of the Interior.

Fractures of the Olecranon.

Dr. E. A. Clark, Resident Physician, St. Louis City Hospital, in the *Humboldt Medical Archives*, gives the following account of the treatment he adopts in such cases.

"I have found all the ordinary appliances in use for treating fractures of the olecranon so deficient in meeting the indications required, that I have been induced to devise the apparatus represented in the following wood-cut, which is sufficiently simple to require but little description.



Fractures of the olecranon, as they usually occur toward the middle or base of the process, are generally attended with such a degree of displacement—especially in muscular subjects—that the ordinary method of applying narrow strips of cotton or cloth around the arm—both above and below the elbow—and approximating them by means of lateral strips, as recommended by Sir Astley Cooper and Amesbury, with the view of bringing down the upper fragment in apposition with the head of the ulna, and thus securing the condition most favorable for bony union, will necessarily require these bands to be so tight around the arm, at both points, as to arrest the circulation. This danger will be the more imminent in cases where there is much contusion and swelling of the soft parts, which, as might be expected, from the very nature of the violence or force required to produce this fracture, is almost always the case. The method of treatment recommended by these gentlemen is also objectionable, in that they direct that the arm be kept in the straight position.

The apparatus above represented consists of a band of ordinary sole leather, about two inches in width, and of sufficient length to surround the arm, lined with cloth or chamois, and well padded with cotton or hair. In order to give the band additional firmness, and also to secure it around the arm, a strip of common harness-leather is stitched upon the outside, to one end of which two small buckles are attached, while the other end, which extends about three inches beyond the band, is split or cut into two straps, to correspond with, and fasten into the buckles. The hand is fastened around the arm above the fractured process, and may be drawn to any degree of tightness necessary to bring the broken fragment down when traction is made upon it.

The same band may be used on either arm, and may be adapted to an arm of any size. On the other side of this band, and one inch apart—one on each side of the olecranon—are two buckles or staples, which should be two inches in length, and three-fourths of an inch in width, and clinched on the inside of the leather band, from which they project at a right angle. These buckles or staples also have three bars across them, with two tongues made to turn either way.

In applying this apparatus the arm should be flexed at an angle of forty-five degrees, and a common pasteboard splint, bent at that angle, placed upon its anterior surface. The leather band is then buckled over this splint, just above the fragment of the olecranon, and the entire fore-arm is covered with a bandage to hold the anterior splint firm to the arm, and thus prevent any movement of the elbow-joint, which, if allowed, would be constantly modifying the force exerted upon the fracture. A common buckskin glove is then placed upon the hand, to the anterior and posterior surfaces of which are attached two leather straps, which are to be buckled into the staples on the band. By buckling these straps over the bars, at a greater or less distance from the band, and tightening them as required, we obtain the necessary amount of leverage to turn the lower edge of the band in upon the arm, and push the fractured process down before it.

By making traction upon these straps, any degree of force may be exerted upon the band,

necessary to draw the broken fragment down, and hold it in perfect apposition with the head of the ulna.

It may be objected to this method of treatment, that the arm is held in a flexed position, thus increasing the space between the two fragments. But the advantage of this position is apparent for two reasons:

First, by flexing the arm to this extent the point of the olecranon is made more prominent, and, consequently, the band more surely adjusted, so as not to slip over it; while, again, the force exerted upon the band by the straps, directed at an angle of forty-five degrees from the axis of the humerus, renders the pressure still more secure above the point of the olecranon, and prevents the possibility of it slipping back beneath the band.

The second reason for fixing the arm in this position is to relax the brachialis anticus muscle, the action of which, in cases where the fracture occurs low down, near the base of the olecranon, and especially in a muscular subject, when the arm is held in a perfectly straight position, evidently draws the head of the ulna forward, so that a portion of its fractured surface is in direct apposition with the articular surface of the lower end of the humerus; while if the detached fragment of the olecranon be forced down to its proper position it would not be in complete apposition with the upper end of the ulna, but would leave a triangular space in the articulation to be filled up by callous, and thus produce more or less complete anchylosis of the joint.

This apparatus, when applied as described, is in no way painful to the patient, the band being padded in the inside, and the pressure exerted by it on the anterior surface of the arm bearing upon the pasteboard splint; the only other pressure exercised is directly upon the olecranon, and that upon such a broad surface that sloughing need not occur in any case.

I have treated but one case with this apparatus, and with the following result:

A laboring man, aged 32 years, was admitted to hospital five days after receiving a fracture of the olecranon near its base. At the time of his admission he had an abscess as large as a hen's egg, immedidiately over the point of the olecranon, resulting from a contusion received when the bone was fractured. The abscess was opened before the dressing was applied, and, notwithstanding all the pressure required to hold the bones in apposition was made upon the point over the abscess, it healed quite readily, and in seven weeks the apparatus was removed, leaving firm, bony union in the fracture, without the least deformity or displacement; and now—three weeks since—the patient has recovered almost perfect use of his arm.

No passive motion of the joint was allowed at any period of the treatment."

Acute Rheumatism.

Dr. Wilks, of Guy's Hospital, reports in the *London Lancet* three cases of this disease, treated by different methods, as follows:

Patrick C., aged twenty-six, laborer, was admitted on the 29th of January last, with swelling, redness, and tenderness of both knees and left ankle, and the general characteristics of acute rheumatism strongly marked. Temperature 101.7°; pulse 90. A not very loud systolic bruit was heard at the base, and the second sound was rough. His illness dated from Jan. 15th; and began with malaise, followed, two days afterward, by pains in the wrist, elbows, and ankles, which were red and swollen. Other joints were then affected in turn. During the night of admission he had some delirium. Next day he was ordered an ounce of quinine mixture, with half a drachm of sulphate of magnesia, three times a day, and one grain of opium at night; milk diet. This treatment was continued during nineteen days following, the pulse decreasing in frequency, and the temperature gradually assuming its normal height.

On February 18th he was sitting up, and seemed pretty well. Eight days afterward he had a slight relapse, and the temperature ran up to 100°. His knees, elbows, left hip, and back of the neck became tender. On March 2d a small blister was applied to these parts. Next day he had no pain, except in the back of the neck. His temperature was 99.6°. From this time he rapidly became convalescent.

Sarah C., aged twenty-seven, was admitted, (according to the notes of Mr. F. Taylor), on March 5th, with a temperature of 101.8°; quick pulse and respiration. The ankle, knee, wrist, and elbow joints were all swollen and tender. There were strongly marked symptoms of acute rheumatism. The heart's dulness reached from the second intercostal space to the sixth cartilage, and extended to the right just beyond the middle of the sternum. At the apex a soft systolic murmur was heard. At the base the second sound was very sharp, and a rough murmur was heard with the first sound, louder than at the apex. Base of left lung dull; over base of right lung slight bronchial breathing and increased vocal resonance. This patient had rheumatism

eight years ago, but not so severely as now. She does not know whether her heart was then affected. About Christmas she caught cold, and had shivering; and on January 1st, 1868, her joints became swollen. In three or four days she began to get about, but again became worse, and kept her bed for fourteen days before admission.

March 4th. Blisters were applied to the affected joints, and camphor mixture three times a day ordered.

On the 5th the patient had no immediate relief from the blisters; on the 6th, however, there was no pain in the joints, but there was then intense pain in the chest, which a blister on the sternum relieved considerably. On the 9th a blister was applied to the loins.

26th. She is now convalescent.

Jessie M'D., aged seventeen. From the notes of Mr. J. P. Hartrée we learn that this patient was admitted on the 6th of February, with pains in the knees, right ankle, and left arm, and general symptoms of acute rheumatism. The precordial dulness was increased in extent, especially upward. There was a systolic bruit, probably pericardial, and the heart-sounds were indistinct. There was a doubtful history of head affection from infancy.

She was laid in blankets, two over her, together with a woolen rug under, and a flannel gown. No other treatment was adopted, except on February 10th, when she had one grain of opium at night, and a blister to the cardiac region. Her highest temperature was on the 10th, 104.2°; after this it gradually decreased. She sweated very much, and, the nurse told us, smelt disagreeably. She remained in bed till March 3d, the blankets not being changed during this period.

She went out on March 15th, the systolic bruit remaining as before.

Alcohol in the Treatment of Pneumonia.

M. Pecholier, in a work lately published by him on this subject, expresses his opinion as follows: "We hold it to be demonstrated, by facts and arguments, that the beneficial action of alcohol in certain kinds of inflammation, and specialy in certain kinds of pneumonia, is, in the first instance, due to the stimulating action of this agent. We, therefore, accept a portion of Todd's theories, without falling into his exclusiveness. If, in all cases of pneumonia, the vital powers are not always greatly weakened, as the English physician asserts, there exists a kind of pneumonia in which the radical forces are destroyed, and in which curative reaction requires to be stimulated. For this kind of pneumonia, Dr. Todd's prescription is proper; in others it is useless, and sometimes even injurious."

Spontaneous Cure of Ovarian Tumors.

The following cases have a peculiar interest, as showing the possibility of large ovarian tumors subsiding by a natural process. They are communicated by Dr. S. Mitchell, of Cameron Mills, N. Y., to the *New York Medical Journal* for May.

In the fall of 1858, I was called into an adjoining town some twelve miles distant, to see Mrs. C., aged about forty years. Found her with a large tumor occupying nearly the whole abdominal cavity. It was multilocular, and of a rather more than usual hardness. As I learned the history of the case, it had been between one and two years in attaining its present size; when first discovered, was about the size of an egg, and situated in the region of the right ovary. During its growth, it was attended with but little pain or tenderness, except after performing some unusually hard labor. Her general health seemed but little impaired. I diagnosticated it as an ovarian tumor, and declared my conviction that it was incurable by medical treatment. The patient was courageous, and asked as to the probable chances of a successful operation for its removal. A correspondence was opened with Dr. Frank H. Hamilton, then of Buffalo, which resulted in his visiting the patient December 8, 1858, with the view of performing the operation of ovariotomy, if deemed best, after a personal examination. After a careful examination of the case, in view of the comparatively comfortable state of health of the patient, the inestimable value that a few years of life would be in rearing her family of little girls, and of the great risk necessarily attending the operation, he decided not to operate. I have seen her occasionally since that time. There was a steady increase in size of the tumor until within the last two years. It got to be very burdensome from its great size and weight. The only way she could keep about was by wearing a strong bandage with shoulder-straps. She continued to have fair health, has never been tapped or taken any medicine for it. A few weeks since I met her in the street, not having seen her for nearly two years. She was so much diminished in size, I was quite uncertain about her identity. I learned upon inquiry of her, that she had ceased to menstruate within two years, since which the tumor

had steadily decreased in size, and was now about the size of a small child's head, quite hard, and rather firmly fixed. She has no pain, and says she is well, and is doing her own housework. She added, "Tell Dr. Hamilton that I have lived to raise my girls, and to see them happily married and settled in life, and I am feeling better than when he so mercifully spared me the operation."

The points of interest in this case are the length of time it has continued, and the fact of the gradual and great diminution in size of the tumor after the cessation of the menses.

SPONTANEOUS RUPTURE AND CURE OF OVARIAN TUMOR.

Mrs. J., aged thirty-nine, and the mother of several children, miscarried some time in July, 1865, after which she continued in frail health. I was called to see her the last of October. She had complained of almost constant pain and tenderness in the region of the right ovary for some time. At the time of my visit there was considerable febrile excitement, and so severe pain as to require a large amount of anodynes to control it. By an external examination, a firm and hard tumor, two or three inches in diameter, quite tender to the touch, was discovered, apparently attached to the right ovary. She continued in very poor health, with much pain and tenderness in the tumor, which slowly increased in size until January 1, 1866, when the pain and tenderness gradually subsided, and she regained comparative health, and was enabled to attend to her household duties until the latter part of July following, when, after severe exercise, the pain and tenderness returned in a greatly aggravated form, and the tumor much more rapidly enlarged. It now occupied the whole right abdominal region, and extended some distance past the mesial line into the left side, and reached above the umbilicus; was distinctly nodulated.

August 11, was called in haste. Found that the tumor had burst through the *vaginal cul-de-sac*, and discharged a large quantity of a dirty-colored serous fluid, to the great relief of the patient. This discharge steadily decreased until the 28th, when a free discharge of offensive-smelling pus took place, which gradually ceased September 21, the tumor opened by a small orifice at the umbilicus, which discharged first a thin greenish pus, gradually becoming serous. From this time the tumor steadily diminished in size until January 1, 1867, it had totally disappeared, and the patient has been enjoying good health up to the present time, with no signs of a return of the tumor.

Alleged Cure of a Snake-Bite.

The Rev. Father Raphael, parish-priest at Bettish, Chumparun, relates, in a letter dated May 28th, the means which he employed to save the life of a girl, ten years old, that had been bitten by a venomous snake.

"In the space of about ten minutes," he says, "she lost the power of speech, her eyes became bloodshot, and she was in a state of fearful and continued convulsions. Perceiving the dangerous state in which she was, I immediately took a small lump of alum, about the size of a pigeon's egg, dissolved the whole in a large glass of water, and at once made her drink it off. In a few minutes she began to be very sick, throwing up much matter from her stomach, when I again made her drink alum-water. This went on for about an hour and a half, during which time she must have consumed alum of about the size of a hen's egg, dissolved in two large bottles of water, the draughts being administered at short intervals after each vomiting. At the end of the time mentioned, the girl began to recover; and within two hours' time, was able to stand up by herself, and again gained the use of her voice. After this I made her walk about a great deal, and now she is almost entirely cured."

Spontaneous Evolution.

In detailing some cases of this uncommon occurrence to the Obstetrical Society of Boston, Dr. Samuel Morrill made the following suggestions as to treatment, (*Boston Med. and Surg. Journal*, May 21, 1868.)

The occurrence of spontaneous version has been considered so infrequent, and the probability of bringing it about by manipulation so slight, that "turning" by the feet is usually resorted to at the earliest suitable moment, before the uterus has had time to contract upon the child. The cases above stated, however, indicate that spontaneous version is not so very rare, and that it might frequently be induced by well directed measures. Now, too, that relaxations can be produced by etherization, there is less need of immediate interference, especially in the face of great obstacles. We meet, of course, with cases in which imminent danger to mother or child makes any delay inadmissible. The following, which I saw with Dr. Alexander, is an instance of persistent thoracic presentation, where the child might have been saved by prompt interference. She was the mother of five children, and had been in labor, without medical attendance, thirty-six hours before he was called. On examination, we found the vagina filled with what

seemed to be a sac full of loose bones. On further investigation, this proved to be the the left thorax, which had been moulded by long continued pressure, and crowded into the vagina. Under full etherization, I was able to "turn" without difficulty. The mother did well.

The amount of pressure, provided it is intermittent, which the fœtus will sustain without injury, in some transverse positions, is quite remarkable. Twice I have had occasion to "turn" when the arm had been down twenty-four hours; both mothers and children did well. In one case the arm had been down four days, when Dr. Bowditch was requested to see the patient, and asked me to assist him. The "pains" were strong and frequent, the left arm turgid and livid; pulsation natural. Having etherized her to stertorous unconsciousnesss, I was able to bring down a foot sufficiently to get a tape looped around the ankle, aud by drawing on this with the right hand, and rotating the hip with the left, the delivery was readily accomplished. Both mother and child did well.

Researches on the Tooth-Pulp.

An article on this subject by M. Franz Boll, a medical student of Bonn, one of Prof. Max Schultze's pupils, is published in the *Quarterly Journal of Microscopical Science*. The points to which he has directed his attention, are, first, the mode of termination of the nerves of a tooth, which is a subject as yet but little investigated; and, secondly, the relation of the intertubular dentine substance of the tooth to the tooth-pulp, and the developement of the former from the latter. He has found the long incisors of rodents admirably adapted to this investigation, and in examining the nerves, has made use of the terchloride of gold, which was lately recommended by Cohnheim, and used by him in the investigation of the nerves of the cornea. With regard to the first of these matters in question, he states that extremely fine nerve filaments pass between the pulp-cells, and penetrate the dentine of the tooth, just as do the processes from the peripheral cells of the pulp; hence it is necessary to distinguish two sorts of dentinal canals—those which contain processes from the pulp-cells, and those which contain nerve-fibres. Three views as to the origin of the intertubular substance of the dentine have been current; one is Kölliker's, who conceives it to proceed from the calcification of a soft matrix excreted from the dentinal cells and their thin prolongations; the second is Waldmeyer's, who modifies Kölliker's views considerably, and denies the existence of a præformative membrane to the pulp. He maintains that the formation of the dentine consists in the conversion of a part of the protoplasm of the dentinal cells into a collaginous substance, which is subsequently calcified, while the remaining part of the cell protoplasm continues in the form of soft fibres to occupy the interior of the tube surrounded by the calcified substance. H. Hertz, in a paper published in Virchow's *Archiv*, 1866, states that the intertubular substance of the dentine is the chemically changed and calcified intercellular substance of the pulp-cells. Herr Boll proceeds to discuss the views of Walmdeyer and Hertz, but fact after fact has convinced him that Waldmeyer is correct. He gives several figures of the peripheral cells of the tooth-pulp—the odontoblasts—with from one to four processes projecting into the dentine substance. One of his sections shows the cells completely detached from contact with the dentine, excepting through their long fine processes; and it is most clearly seen that there is no connection between the hard substance of the dentine and any intercellular matter of the pulp; in fact, no such intercellular matter exists at the periphery. The limitation of the hard substance of the dentine, where it comes in contact with the cells of the pulp, is termed *membrana eboris*. The multiplicity of processes from the odontoblasts, instead of a single fibril, as originally described by Lent, is an interesting observation.

Reviews and Book Notices.

Sur L'Emploi du Phosphore en Medecin, et en particulier dans le Traitement de l'Ataxie Locomotrice Progressive. Par Dr. G. Dujardin-Beaumetz. Paris: 1868, broch, pp. 28. For sale by John Penington & Son, Philadelphia.

This is an essay read before the *Société de Therapeutique*. After a careful examination of the various preparations of phosphorus, the author decided in favor of capsules of phosphoretted oil, ether, and chloroform, each containing one miligramme of phosphorus, made up in colored gelatine. He tried these in a number of cases of well-marked locomotor-ataxia, and though an absolute cure was obtained in no case, yet in every one there was decided amelioration of symptoms. As such, the medicine evinces a power over the disease of the highest importance. The remarks of Dr. Beaumetz on the toxicology of the drug and its physiological action, especially as an aphrodisiac and general stimulant, are in a high degree worthy of attention. The essay, indeed, is a masterly one.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 29, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

HARVARD UNIVERSITY DENTAL DEPARTMENT.

This time-honored school, possessed with a foresight which should have had origin in our own goodly city, has made an advance step on the mode of educating the dental practitioner, which, without doubt, will be the means, sooner or later, of altering the status of that specialty and place it in mass on a platform now occupied by the very few. Connected with this University has now been established a dental department which, as we understand it, is a clinical adjunct, wherein is taught to such regular medically educated students as incline to the specialty, the manipulation of dentistry proper, precisely as in special hospitals, adjunct to medicine proper, certain students enroll themselves for a special study of ophthalmic surgery.

Dental education as heretofore pursued, while perhaps the best possible in the infancy of that specialty to be inaugurated, is evidently so faulty and imperfect that the end of such manner of teaching is no more difficult to see than is it easy to recognize that a whole must be greater than its part. If dentistry lays claims to be a science, its claims rest entirely and exclusively on its relation with medicine, then follows, *per se*, that its practitioners must precede their special studies with the general common curriculum to possess just claim to the distinction of belonging to a learned body. That this is recognized by all men of eminence practising the specialty, is evident by the connection which they all have as quickly as possible formed with the common profession, and with the regret common to all of them that the study of medicine should not in all cases precede rather than succeed the study of dentistry proper. Perceiving this and recognizing that the time has now come when the dentist, like the oculist, should stand on the common medical platform the University of Harvard has established this new department. We heartily congratulate it on the good it will inaugurate in this move, and it will be with profound pleasure that we shall extend the hand of a common fellowship to practitioners of such auspices. The success of this department of Harvard, if properly and energetically conducted, will be a true one—we feel it and know it, the move is the fulfilment of a long anticipation with us. We congratulate the Trustees and the Faculty, and even so more heartily do we congratulate the community who will come to have the services of solidly educated oral surgeons rather than the mere dentist of the past and passing age.

The Faculty are: Nathan C. Keep, Oliver Wendell Holmes, Henry J. Bigelow, John Bacon, Thos. B. Hitchcock, George T. Moffatt, Luther D. Shepard.

MEDICO-BIOGRAPHICAL RECORDS.

It is a strange fact that most of us know less about our own lives than about the lives of others. We peruse with eagerness the biographies of great generals and statesmen, but very rarely spend any time in looking back reflectively on the events of our own existence. We let the dead past bury its dead, and seek not to draw any lessons but from its bones. Our ancestors are not remembered with affection, and but few of us can tell even the names of our forefathers farther back than we personally met them.

Yet there is much of practical value in such retrospective knowledge, and even when it is concerned merely with the vital statistics of ourselves and parents, there is enough in it to demand the attention of every one. Life insurance companies make such inquiries, and base upon them their action in policies. Far-seeing physicians often make them, and find

ocsasion at times to modify their diagnosis and treatment by information thus obtained. Statisticians propound them, and from the replies deduce laws of life of every-day use. The law seeks from them often the answer to vexed litigations. It is eminently proper, therefore, that some means should be suggested by which specially these vital statistics should be preserved in a uniform and correct manner. Few persons know exactly what is wanted, and when they do, having no special place to put them down, they omit them altogether. The family Bible contains not space sufficient, and leaves everything to the discretion of the head of the house.

We are glad, therefore, to call attention to a thin quarto volume lately prepared by Dr. J. H. Griscom entitled "The Family Record, Biographic and Photographic. Arranged for recording in Detail the Personal Incidents in the Life of each member of the Family." The author states his plan in his preface as follows:

"The first page, besides being devoted to the record of the names, birth, marriage, etc., of both husband and wife, and a space for the photographs of each, to be inserted at several different ages, is arranged for recording the name, date and place of birth, and death of the parents and grand-parents of each, including three generations. In addition to which there are spaces for recording other incidents in the life of each.

"The remainder of the volume is appro priated to the records of the descendants of the first named parties, two entire pages being devoted to each, containing the name, date, and place of birth, with space for five photographs at different ages; also for the character and period of whatever diseases they may have, and the height and weight at different ages, with the schools, occupations, and whatever other incidents may seem desirable to be remembered."

The plan, it will be seen, is a most excellent one, and if it were only carried out by the majority, or even many, it would be of signal use for many purposes, besides its personal interest to the family. Unfortunately, as we before adverted to, the singular want of interest in our own past forbids us to hope that it will be extensively adopted. We cordially wish that it were, and all who would like to make a beginning can obtain a copy of the Record from Ed. Griscom, 42 E. 29th street, New York City.

Notes and Comments.

The Action and Treatment of Cobra Poison.

Surgeon-Major Charles B. Francis, of the Indian Army, says the *Brit. Med. Journal*, has been experimenting with a view to investigate the action of cobra-poison, and the discovery of an antidote. He has established that the ichneumon or mungosse, vulgarly supposed to be invulnerable, will, when fairly bitten, die from the effects of cobra-poison, exhibiting the same symptoms as other animals; that harmless snakes, bitten by a cobra, die; but that when cobras are made to bite each other, they do not suffer. This last is a very nice experiment to perform, as they have each to be held by the neck, with the thumb well pressed upon the back of the head, and so approached to each other, and to fight till the jaws are well locked together. As to treatment, while no direct antidote is known, two remedies are of the highest value; stimulants, as ammonia, which prevent life from becoming extinct while the poison is wearing itself out; and continued and forced exertion. In all the cases to which Dr. Francis has been called, where measures having for their object the prevention of lethargy, were fully aimed at, the result was highly satisfactory. Dr. Fayrer and Dr. Francis do not confirm the changes described by Dr, Halford in the blood of animals dying after the bite of the cobra.

A Defence of Alcohol.

In the Appendix by Dr. Thudichum to Mr. Simon's Tenth Report to the Privy Council, he discusses Alcohol in Relation to the Chemistry of the Human Body. While admitting, as established beyond doubt, that the habit of drinking large quantities of spirits and beer is to be deprecated as highly dangerous and objectionable, he adds: "But when from this the conclusion is drawn, that alcohol ought altogether to be abandoned, and that we all ought to do without any alcohol, I must say that that is one of the most overstrained propositions that could be made. Alcohol, when we have worked and are fatigued, is a great restorative, and stimulant, and food,

and one of the greatest necessities of human life. Perhaps there has been no time and no nation in which some kind of alcohol has not been used, and mostly in the largest number of cases beneficially."

The Calomel Bath.

From some recent experiments which he has made, Mr. Henry Lee has found that the irritating agent which is given off from the calomel bath, especially when this is freely used, is nothing more or less than hydrochloric acid. The effect of this acid is negatived by the use of a tray of water surrounding the pan which contains the calomel, so as to ensure its dilution. This is a little practical matter which is not sufficiently attended to by practitioners, and its neglect of course readily accounts for one source of unfair objection to the action of the bath.

Hereditary Nature of Hare-Lip.

M. Demarquay lately asked the advice of the members of the Surgical Society of Paris touching a little girl, five years old, who presented a double hare-lip. Some difficulties will be encountered in the operation, but the interest of the case lies in the fact that, in the family, from the grandparents downward, eleven children have been born with hare-lip, or with a peculiar conformation of the lower lip—namely, two openings on either side of the mesial lines, traversing the whole labial thickness, with a peculiar form of the lip itself. To this latter defect M. Demarquay had called attention, in the *Gazette Médicale*, as early as 1845.

Hydrophobia in Paris.

M. Peter had lately under his care a man aged thirty-one, who died with fearful spasms of this sad complaint. He was admitted on the 27th of March; death occurred on the 29th, and he had been bitten by his own dog in the preceding November. The wound had been cauterized with the perchloride of iron, (*sic*). The principal features of the treatment were vapor baths and subcutaneous injections of sulphate of tropine. The autopsy revealed considerable congestion in the lungs and brain.

Liebig's Bread.

The great German Philosopher is consistent: after his extract of meat he gives us bread to eat with it. Of course this bread is more congenial to the taste, and digests better than ordinary bread. Nor is this all; for M. Liebig maintains that, by his process, 7 per cent. more bread is obtained than by the usual methods. If these promises are not vain, it will be advisable to give the new process a trial.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

The Effect of Ergot.

Editors Medical and Surgical Reporter:

A case has lately occurred in my practice which would seem to fortify the position of those who maintain that ergot is incapable of inducing contractions in a quiescent uterus, and that it also exerts a deleterious influence on the child.

Without entering into minutiæ, it will be sufficient to state that the case was that of a female, aged 48, with an obliquely contracted pelvis, in her ninth confinement, who spent many hours in vigorous labor in propelling the head of the fœtus to the inferior strait, where it became arrested. Unsuccessful attempts were made by myself, and subsequently by an experienced professional friend, to deliver with the forceps. Foiled in our attempts at forcible delivery, the vigor of our patient remaining unimpaired, and the pulsations of the fœtal heart continuing regular and in full force, a delay was determined upon until an evident necessity arose for interference in order to save the mother.

In a few hours the pains *absolutely* ceased, the skin became dry and hot, the pulse quickened, the external genitalia slightly swollen, hot, and dry; the buccal secretions tenacious—signs indicating clearly enough the commencement of a state which would speedily end in prostration. The fœtal heart still maintained its regularity and force.

Urged by my friend I now gave a drachm of the fluid extract of ergot, which failing to produce effects in half an hour, two drachms more were given. This likewise failing, and under the impression that the extract had lost, to some extent, its virtues, I gave a third dose of f.℥iij an hour from the last. After the expiration of another hour, no uterine contractions having taken place, I directed a towel to be wrung out cold water and applied to the abdomen. This was instantly followed by vigorous and

uninterrupted pain until the birth of the child, which occurred in less than ten minutes from the application of the towel. No physician of experience would have hesitated for a moment in ascribing the intensity and persistency of the pain to the ergot; yet it did not manifest its wonted power until the uterus had been brought into action by another stimulus. The child was still born.

The only points in this case which forcibly arrested my attention, in reflections upon it afterward, were the insufficiency of the ergot, *per se*, to induce uterine contractions and its destructive influence on the child. Both these points were so conspicuously brought out that the merest tyro could have readily recognized them. In twenty minutes after the first dose of ergot was given, a notable change in the force and frequency of the fœtal pulsations was evident not only to myself but also to the attending women. The asthenia of the heart rapidly increased after the second dose, and its pulsations became inaudible shortly after the third.

This was the first case in which I had used ergot as a parturient for fifteen years, as I had been deterred from using it in consequence of the ill effects which I attributed to it in my earlier years of practice, and would not have used it in this, had it not been urgently pressed upon me by the gentleman whom I had called in consultation. I must hereafter consider, with Dr. Hosack, ergot to be *pulvis ad mortem*, as regards the child. James P. Andrews, M. D.

Colerain, Pa., August 18, 1868.

Death from Winslow's Soothing Syrup.

Editors Medical and Surgical Reporter:

On the evening of the 28th ult. I was called by Mr. L. to see his infant, aged nine months. Found the child troubled with a moderately frequent mucus diarrhœa, such as is incident to teething children. He had slight fever, was languid, indisposed to move, preferring to lie quiet in his cradle. Showed no symptom indicative of any serious trouble.

I was told Dr. ——— had prescribed eight powders the day before, of which three or four had been given. I ordered hydrarg. cum creta, grs. viij.; Doveri, grs. iv.; saccharum, grs. viij., made into four powders, one to be taken every three hours.

At eight o'clock the following morning the father called in haste, soliciting my immediate attendance, saying the child was dying. Previously that morning he sought the services of another physician, Dr. ——, being the third called in the same number of days.

This man is one of a class found in all cities, who change the physician daily, pay none, and in the interim administer all kinds of drugs and quack preparations.

Dr. H—— and myself arrived about the same time, and upon inspection found the following symptoms.

The child lay in a semi-comatose condition, with pallor of the face, open eye-lids, contracted pupils, cool skin, cold extremities, increased heat of head about vertex, and thumbs contracted into the palms. There was a vacant expression of the eyes, constant low moaning, and perfect indifference to surrounding objects. The only movement was an occasional closing of the eye-lids.

Dr. H. was confident that opium in some form had been administered. The father denied having given it anything except one of the powders I prescribed the day before, and a "little brandy."

The warm bath was immediately ordered, revulsions in the form of mustard cataplasms, hot irons, and friction to the extremities, weak brandy given frequently, and two-drop doses each of aromatic spirits of ammonia and tincture of belladona, administered every fifteen minutes. Death occurred at eleven o'clock, three hours after my arrival.

The only reaction observable was a temporary dilation of the pupil after each dose of belladonna. Slight convulsions preceded death.

Before leaving the house I discovered a bottle of Winslow's soothing syrup, partially empty. I called the father's attention to it, and asked if any had been given to the child. He acknowledged they had commenced giving it the night previous, at 10 o'clock, and continued until six teaspoonfuls had been administered by six o'clock in the morning, when they noticed the child was growing worse.

I do not know the contents of this popular nostrum, but believe it occasioned the death, and the case a veritable one of poisoning by opium.

Upon reviewing the case I think the treatment should have been more active. The hot bath, for instance, and larger doses of belladonna.

What say yourselves and readers, Messrs. Editors? let me have your comments. C.

Washington, D. C., Aug. 21st, 1868.

[We have no doubt ourselves that this is a clear case of poisoning, and the sale of Winslow's Soothing Syrup should be prohibited by law, as

dangerous and destructive of life. We have known several instances where the child suffered severely from the use of it.—Eds.]

Hemorrhage from Navel.

Editors Med. and Surg. Reporter:

Being called to see a child of eleven days old that was bleeding from navel, was surprised on examination to find the clothing saturated with blood. The bed had quite a large mark of blood, evidently requiring a considerable quantity of blood to make such a show. The child had not been seen since eight o'clock the evening before, it being about six—upon inquiry I found the unbilical cord had separated on the fifth day, that there had been some show of blood on the dressing but not sufficient to cause alarm. The bleeding appeared to flow from the entire surface of the navel. Styptics were applied, among them, the subsulph. ferri, galls, nit. silver, etc. Compresses were applied but all proved of little avail. The patient continued to sink until eight o'clock that evening when it died exsanguinous.

Carmichaels, Pa., August 5, 1868.

Are Locusts Poisonous?

Editors Medical and Surgical Reporter:

In your number of August 1, on "Are Locusts Poisonous?" you request your readers to communicate what they know.

On June 18th I was called in a hurry to see a case, the messenger reported it a bad one. The gentleman is a horticulturist, was working among his apple trees, and was so annoyed by the insects that he commenced slaying them by clapping his hands upon them, crushing them instantly. In one of these efforts the sting or perforator inserted itself into the patient's thumb.

Before I arrived the patient applied his own suction powers to exhaust the poison, and also alcoholic bathing with lobelia solution. I found the place discolored and a circle of about the size of a three cent piece affected.

Not having read anything in journals or other books on the subject, I paused and did not know but some poisonous effect might follow. I proposed opening the wound and let the blood flow, and cauterize it; the latter I was only permitted to do. I waited some time for effects, but although my patient thought he felt dizzy and queer, etc., I could see no poisonous symptoms whatever, and then we concluded there was no poison about it.

After an hour's interval the gentleman invited me out to see where he was stung and proposed to show me how awkward he was to allow it to happen, and discovering one of the insects on a limb, he remarked he could do it again without their stinging, and suiting the action to the word he *did*. This time the sting entered the palm of the hand, so the patient had to go through the second process of treatment. This time I contented myself with sucking at the wound. As no inflammation followed this sting I left my patient comfortable, concluding there is no poison about a locust's sting. Examined the perforator under a microscope. It looks like a triangular saw, serrated all the way on one side to the point. Am satisfied there is no poison attached to such stings more than what occurs from lacerated punctures from other causes.

Rumor had it that cases died at some places close by, instantly from stings, and my case was circulated as one who died of being stung. But I know not one authenticated case where any evil followed. William Goldrick, M. D.

Delaware, Ohio, August 10, 1868.

Cicada.

Editors Med. and Surg. Reporter:

I read your article asking the question, "Are Locusts Poisonous?" published in your journal of Aug. 1st. In my opinion, it is not the eggs of the cicadidæ, or American locust, that is poisonous, but the ovipositor. In the interior of Pennsylvania, where I spent my boyhood days, the sting of the female locust was always considered poisonous. I recollect hearing quite a number of instances of poisoning the year they were so plentiful in that State. One of the cases was a relation of mine. The treatment resorted to was milk poultices. At that time the fruit and forest trees were almost destroyed. All the branches of the trees that were perforated with the ovipositor of the cicada died.

Some may doubt the poisonous effect of the ovipositor, and attribute the death of the injured branches to the inroad of the larva, but that is not the case, for as soon as the larvæ leave the eggs, they fall to the earth, where by means of their six legs, they rapidly descend into the earth. O. C. Alexander.

Albany, Aug. 8th, 1868.

—— Dr. J. Edward Turner, who claims to be the founder of the first inebriate asylum in the world, but who made an utter failure in the State Inebriate Asylum at Binghamton, N. Y., has opened an office in New York City for the medical treatment of inebriates and opium eaters. He has a "Retreat" which, we believe, is located at Wilton, Conn.

News and Miscellany.

Meteoric Stones from Mexico.

Eight so-called meteoric stones have just arrived in Philadelphia, the same having been discovered and unearthed among the mountains of Mexico, nine hundred miles from the coast, by Dr. Henry B. Butcher, of Philadelphia, who has for some months past been on a private ornithological research through the country mentioned. These fallen meteors are consigned to the Academy of Natural Sciences in the latter city, and will, in a day or two, be added to the vast number of natural curiosities in that institution. The *Inquirer* says they resemble wrought iron boulders of irregular shape, with sharp projections, and the aggregate weight of the eight specimens is over three thousand pounds. On their arrival in New York they were closely examined by a number of scientific gentlemen and pronounced genuine specimens of meteoric stones. They were conveyed by teams from the interior to the coast of Mexico, and from there shipped to New York.

—— The Dartmouth Medical School opened on the 13th, and Dr. Alpheus D. Crosby took the chair of surgery, vacated by his father, Dr. Dixi Crosby, who in his thirty years' connection with the institution has been absent from his post on only one occasion. The old doctor will still lecture on obstetrics and have general superintendence of the school.

—— Dr. Chandler B. Braman, of Boston, a surgeon in the United States Army, was shot and killed in Baton Rouge, La., recently, by Lieut. McGensen.

[Dr. Braman has been a frequent contributor to the Reporter, and his contributions were always marked by originality of thought and close observation. It is with profound regret we mention his untimely end.]

—— The Canton (Mass.) records from forty to seventy years back, show that the number of children in the American families of that town averaged about ten or twelve, but now they do not average two.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy, during the week ending August 22d, 1868.

Passed Assistant Surgeon G. B. Lecompte, ordered to U. S. S. Ossipee, N. Pacific Squadron, to take the place of Assistant Surgeon E. D. Martin, deceased.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Wood—Russell.—In Sandwich, Mass., July 30, by Rev. W. F. Mallalieu, I. Willard Wood, of Westborough, and Mary S. Russell, only daughter of Henry Russell, M.D. of Sandwich.

ANSWERS TO CORRESPONDENTS.

Dr. W. C. M., of Ills.—"I wish you to give me a treatment for the following case: Male, aged 42, carriage maker by occupation; has had, for the last ten years, an excruciating pain in the lumbar region, which comes on every morning about two o'clock, only to be removed by assuming an erect position. Change of position in bed does not influence it in the least. Is perfectly healthy otherwise, and has always been so. Has been cupped and blistered; morph. sulph. has been injected subcutaneously, and he has taken vin. colch. rad. cum morphia, without any relief. I neglected to say that there is *no* tenderness whatever upon pressure, and that he is a well formed man in every respect. What shall I do for him?"

We confess to being at a loss for an exact diagnosis. On general principles, we would try potass. iodid, or bromid. Perhaps some of our readers will offer a wiser suggestion.

Dr. W. H. R., of O.—You say your patient, one subject to occasional attacks of balanitis for a long period, during his present attack found an excoriation under the prepuce, and on the next day two small round red spots on the glans. You kept it clean with soap and water, and the use of lime-water. There is nothing here that forces us to suppose syphilis present, and we would recommend, therefore, some simple wash, as acetate of lead or sulphate of zinc, weak, and with careful attention to the cleanliness of the prepuce.

METEOROLOGY.

August,	10,	11,	12,	13,	14,	15,	16.
Wind.....	W.	W.	N.W.	N.W.	N.W.	W.	S.W.
Weather....	Clear.	Cl'dy. Sh'r.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain..		5-10					
Thermometer.							
Minimum.....	60°	65°	60°	53°	61°	60°	63°
At 8, A. M.....	72	71	68	64	65	73	74
At 12, M.....	80	81	75	72	80	81	79
At 3, P. M.....	80	77	75	75	79	83	78
Mean.....	73.	73.50	69.50	66.	71.25	74.25	73.50
Barometer.							
At 12, M.....	30.1	30.	30.1	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

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MEDICAL DEPARTMENT,

BALTIMORE, MD.

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CLARENCE MORFIT, M. D., Professor of Medical Chemistry and Pharmacy.

JOHN N. MONMONIER, M.D., Demonstrator of Anatomy.

The next regular session of Washington University will begin on *Thursday, the first day of October, and terminate on the 22d of February*, 1869.

One *Beneficiary Student* from each Congressional District of the late slave-holding States and Senatorial District of Maryland, is annually received. precedence being given to *wounded and disabled soldiers*.

In addition to a daily PUBLIC CLINIC of the most instructive character, Washington University has associated with it *a Hospital of its own*, in which every possible facility is afforded for acquiring a *practical knowledge* of medicine and surgery.

An arrangement has just been perfected, by which the *Seamen's Hospital of the Port of Baltimore has been placed under the* EXCLUSIVE *control of the Faculty of this Institution*. Anatomical material is abundant.

A Prize of *one hundred dollars* ($100) will be given for the best THESIS presented by a candidate for graduation,

The FEES of this institution are as follows: For Matriculation, $5; Dissection, $10; Professors, $120; Diploma, $20; Beneficiary tickets, $35.

For additional particulars, address the subscriber, care of P. O. Box 1267, Baltimore, Md.

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For further information apply to, or address,

Dr. NATHAN BOZEMAN,
53 West 33d Street, New York.

Sept. 1st, 1868.—599—624

JEFFERSON MEDICAL COLLEGE,

OF PHILADELPHIA.

The Forty-fourth Winter Session of Lectures will commence on Monday, the 12th of October, with a General Introductory by Professor PANCOAST. The Regular Course will begin the day after. The Session will terminate on the last day of February.

CHARLES D. MEIGS, M.D., Emeritus Professsor of Obstetrics and Diseases of Women and Children.

ROBLEY DUNGLISON, M.D., Emeritus Professor of Institutes of Medicine and Medical Jurisprudence.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

SAMUEL D. GROSS, M.D., Prof. of Institutes and Practice of Surgery.

SAMUEL HENRY DICKSON, M.D., LL,D., Prof. of Practice of Medicine.

ELLERSLIE WALLACE, M.D., Prof. of Obstetrics and Diseases of Women and Children.

B. HOWARD RAND, M.D., Prof. of Chemistry.

JOHN B. BIDDLE, M.D., Prof. of Materia Medica and General Therapeutics.

J. AITKEN MEIGS, M.D., Prof. of Institutes of Medicine and Medical Jurisprudence.

To enlarge the already abundant opportunities for Clinical Instruction, a Clinic will be held daily at the College, the Surgical Department being conducted by Professors Gross and Pancoast, the Obstetrical by Professor Wallace, and the Medical by Dr. J. M. Da Costa. The Lectures are so arranged as to permit the student to attend the Clinics of the Pennsylvania Hospital and of the Philadelphia Hospital.

The Summer Course, which begins in April, and is conducted by members of the Faculty, in conjunction with others, will be resumed in September, after the recess of July and August, and continued until some time in October.

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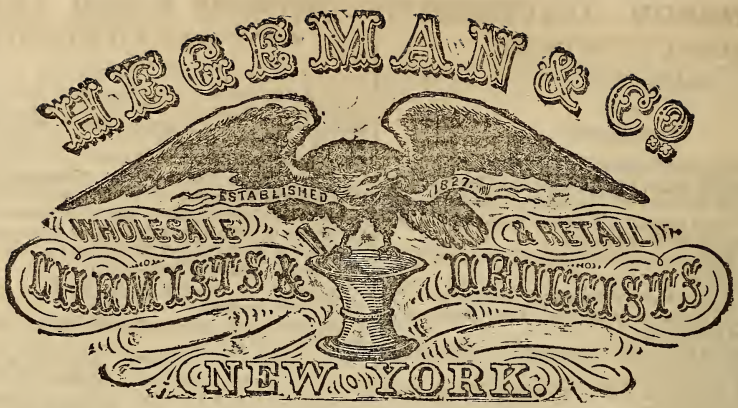

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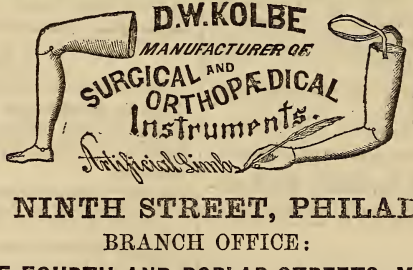

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And Wonderful Curative Powers.

The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle-fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves.

REMARKABLE CURES.

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ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present ate the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D.D.

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Mr. W. H. DUNBAR, employed in the New York branch house of Messrs, TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

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A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 601.] PHILADELPHIA, SEPT. 5, 1868. [Vol. XIX.—No. 10.

Original Department.

Communications.

CASES IN PRACTICE.

Some Observations on the Treatment of Ulceration of the Os Uteri and its Sympathies; On the use of Iron in Obstetricy; Post-partum Uterine Hemorrhage; and Hydrops Pericardii.

By Abrm. Livezey, M.D.,

Of Philadelphia.

I. I have witnessed the successful treatment of inflammation and ulceration of the os uteri, in my private practice, under the skilful management of a graduate student of mine, who was assisting me at the time, and into whose care I placed several females who had suffered very much, not only from divers afflictions, both real and imaginary, but from divers physicians as well,—both wasting their flesh and spending their *substance;* and growing nothing the *better*, but rather the *worse* withal, till the *burdens* incident to a diseased body and much medicine became grievous to bear.

Case 1st, was that of a married woman, æt. 40, the mother of several children; formerly a sufferer to an asthmetic affection; pale as to color of the face, lips and tongue; pulse soft, not full, and easily excited; for years had complained of more or less distress of head, always a weakness of the chest, epigastric and left hypochondriac regions, as well as of the back; and for two or three years past, was subject to repeated nervous attacks of palpitation, oppression, great distress of the head, weakness, sinking of the pulse and even fainting, or the lapsing into a state of prostration, during the continuance of which her articulation was whispering, etc. A thousand other complaints and *symptoms* of disease of every organ, too numerous to mention, was this poor woman afflicted with.

Now the question is, in such unique cases, simply—whence the cause or seat of the disease? Has it a local habitation and an unmistakable name?

From observation, directed as above in the right direction, I have concluded that in such cases where the pathology and diagnosis are obscure, where there is a *totality* of derangement, so to speak, we had better direct our attention to the condition of the os uteri, and I am fully persuaded from what I have seen for the past twelve years, that *there* we will generally find the seat of the difficulty.

Upon introducing the speculum, in the above case, we found a large ulcer involving the anterior lip of the os, from which radiated a general inflammation, which caused the whole anterior aspect of the organ to present an enlarged, turgid, swollen appearance. The nitrate of silver was applied in substance, thoroughly to the diseased and inflamed part, twice a week, and the patient treated with laxatives and our favorite *uterine* tonic, asclepias tuberosa, aletris and valerian, conjoined with ferruginous salts, according to general indications, and she thus slowly, but surely recovered from the thousand and one ailments and nervous symptoms, and "bad spells," which had weighed her down mentally and physically, till there was, in her language, "nothing worth living for." These kinds of cases, are, alas, too numerous in every physician's practice, and are such as loudly call for relief—a relief only obtained by and through the use of the speculum, arg. nit., curpri sulph., zinc chlorid., etc.*

* It is proper to note that when ulceration, congestion, etc., is not found to be present in these complaining women, we will invariably find, what Prof. Hodge so admirably described in his "Treatise on Diseases peculiar to Women," an "irritable uterus,"—a subject and a work demanding the attention of the progressive physician.

II. In my various peripatetic wanderings among the medical colleges in Philadelphia, I have noticed a diversity of opinion existing among the corps of professors, as to the utility of iron, and the advantages obtained by its administration. Of these differences, it will be only advisable, as introductory to my case, to specify two :

Prof. Meigs, as his writings all show, has unbounded confidence in ferruginous preparations, in all cases where there is *atony* of the *endangium*, or blood membrane; or in other words, where the blood globules are deficient, and the watery portions of the blood is in excess, and where tone is necessary to be imparted to the whole system.

The late Prof. J. K. Mitchell, *au contraire*, though an occasional prescriber of iron at his clinics, more through force of custom (he said) than from real confidence in the article, yet declared it to be his firm conviction that iron is of little value in medicine, and that he was not sensible of ever being able clearly to attribute any marked result to its use, at least if he excepted the scales of iron, (as they fall at the blacksmith's anvil) steeped in "hard cider," and though good had undoubtedly been obtained from this preparation, yet it was never clear to his mind, whether, after all, the beneficial effects or results were not rather due to the cider than to the iron.

But to the case in question: I was called upon, on three several occasions, about a year apart, to attend Mrs. L. in confinement, which occurred in each case according to the usual mode of computation, from two to six weeks too early. The infants of these several deliveries were perfect in development, if we except a very flaccid state of the muscles, and a relaxed condition of the articulations. The first child, though evidently alive but a short time previous to delivery, was still born. The second, in a similar condition, survived but a few weeks. The third made a few gasps, followed by some faint moanings, and after the lapse of two hours, expired.

The poor woman having now suffered the agonizing pangs of a third travail without the "fruit of her womb being blessed," became quite disconsolate, and, like Rachel of old, she wept for those that were not, and would not be comforted!

At a subsequent visit, I expressed to her my honest conviction that she might be so benefitted by a proper course of medication during pregnancy, should she again become *enceinte*, as to go to full term and give birth to a healthy living offspring. She was not weak, for she performed the duties of her household without the aid of a domestic; her appetite and powers of digestion were, at times, somewhat impaired, but seldom required any medicine to correct them. Her complexion was the worst feature in the case. In her face could be traced tints of color from that of a creole, to a bronze, deep yellowish-green and a pale dirty yellow. In fine she was just such a case as many physicians would say demanded a course of blue pill, with a depurative as sarsaparilla; compound tincture of aloes, occasionally, and the like.

At the close of my examination and colloquy she observed that she had two sisters married, whom she considered much more weakly and diseased than herself, and yet they had living and, ordinarily, healthy children.

I resolved to push the prescription of iron scales, as they fell from the smith's anvil, steeped in "hard cider" from the beginning to the end of the next pregnancy, and did so. Her appetite increased, her digestion was faultless, her health and spirits improved, and a *new hope* dawned upon her. She took gallons of cider, rendered turbid or somewhat inky by the iron, and at the full term of gestation I was present at the delivery of a firm, full developed male child. He grew finely, and waxed so strong by the ninth month that he could walk; and by the fifth year he was remarkable for his tallness and strength, having borne the cognomen from birth of the "iron baby!"

More than three years elapsed before she gave birth to another child—puny and delicate, of lax tissue and relaxed condition generally; but he is still dragging out a sickly existence.

Now a natural view of the case and rationale of treatment must be simply this : the "endangium," or blood-making membrane, was incapable of discharging its function, being

flaccid and weakly; and consequently the blood, the pabulum of the fœtus, was too poor in red globules to nourish it properly, and to enable it to grow to mature *infant's* estate; or why were the muscular tissue of the former infants of such loose, flabby consistence, and their articulations so relaxed? The condition of the blood, and consequently the blood membrane, was undoubtedly changed by the cider tincture of iron, and charged with more red globules and solid constituents, whereby it was the better fitted for the sustenance of a fœtus after its attachment to the surface of the uterus.

Again, why do we witness a similar state of things existing in the last child to that in the first three? Simply because, after a lengthened period of three years—and the prolonged suckling of the previous child—the blood-making membrane had become sickly, and the blood had again become deteriorated, simply for the want of a repetition of that medicine which would correct the one and improve the other.

III. Though the life of the parturient female is held to be in considerable danger from convulsions during labor, yet I believe I am warranted in saying (if not from general statistics, at least from observation of the results of practice among my professional brethren in the country), that danger from that source is not so imminent, nor are so many lives sacrificed, during, as after the agony of travail, whence comes the danger of hemorrhage. The greater peril from this cause renders the duty of the accoucheur peculiarly and fearfully responsible—eclampsia being a source of anxiety during the parturient process, but hemorrhage, like an open floodgate to death, is a terror to his mind, the moment accouchement is effected. And wherefore is this? Is it not because we have not the same confidence in the remedial measures relied upon in the one case, as we have in the other? In other words, is it not because the means employed to arrest the former are better understood and more promptly successful than those resorted to for the arrest of the latter? For the usual appliances employed to check this outpouring of life—such as ergot, friction externally, or even internally, the application of cold, position, etc., though all adjuvants, are yet oftimes either too slow in their action, or insufficient to avert the arrow of death that so often speeds its course in these cases, with winged rapidity.

Years ago, when I had no other reliance but those mentioned, with acetate of lead and opium, post partum hemorrhage was always feared by me, from want of confidence in those agencies; but happily a few years later, I learned from a progressive medical friend the value of the oil of erigeron (fleabane)—a remedy which he had relied upon, exclusively, for many years with invariable success. Ever happy to avail myself of any *new remedy*, or new applications of old ones,—thus following the advice of Prof. J. K. Mitchell—I commenced testing its powers upon the first favorable opportunity. During the year 1854 several parturient females having died of hemorrhage, in the practice of neighboring physicians, a kind of *horreur* seized upon lying-in women, which combined seemingly with a hemorrhagic tendency, gave rise to many bad cases of this sort in my practice, some of which, I am persuaded, would have terminated fatally, had I possessed no other resources than the ordinary routine treatment. Cases in which the bedding was being fairly drenched by the profuseness of the hemorrhage were speedily relieved by five or ten drops of the oil of erigeron, dissolved in a teaspoonful of alcohol—nay, often *arrested* the discharge before the lapse of ten minutes, at which time I was accustomed to repeat the dose, if necessary. Thus, either *post hoc vel propter hoc*, have I witnessed the flooding promptly cease without recourse to other measures. I hold that this medicine acts in condensing *uterine fibre*, as does ergot, but being a volatile oil it is diffusible (in alcohol) and more prompt in its action.

Twelve years ago I was called upon to attend Mrs. B. in labor with her twelfth child. I found her much depressed in mind, and expressing fears—grounded upon the fact that her sister had died in her twelfth confinement, from hemorrhage—that she should not survive her present accouchement, as this evil

a'so had increased upon her from the first,—that her life had barely been saved in her last labor, by the persevering efforts of her attendant for two hours, etc. I encouraged her, and bade her dismiss all such fears, and assured her that such cases were now readily controllable. Accordingly, just as the vertex began to jut beneath the pubal arch, I gave her a few drops of the oil, and the moment the funus was severed, and the child passed from my hands, another dose was given. The placenta was soon delivered, and no unusual hemorrhage ensued.

The same season, Mrs. R., in labor with her fourth child, was in like manner a prey to unusual anxiety, in reference to a safe delivery, on account of the alarming hemorrhage which was wont to follow her confinements,—each subsequent one being "worse and worse," so that she had imbibed vague fears, (not unusual, however, in these cases,) that she would not survive this labor. I assured her, as if I possessed absolute control over this matter, that she need not give herself any uneasiness on that score, for she should not flood "one jot or tittle" *post-partum*. I treated her in the same manner as I did Mrs. B., and no hemorrhage ensued.

Many cases might be cited similar to the above, but as (*ab uno disce omnes*) *from one, we may learn all*, I deem it unnecessary, and will conclude with the remark, that if all my cases have been *post hoc* results, I have been peculiar fortunate; and that, since I have been accustomed to have in my vest pocket a viol of the oil of erigeron at all times, this accident, incident to the parturient state, has lost all its terrors.

IV. In the latter part of March, 186–, I was called to visit Judge H——'s wife, merely, as he said, to give her a little relief, if possible, as she was rapidly sinking from an organic affection of the heart,—so pronounced by three physicians, who had been either in attendance, or called in consultation, during the preceding three months.

She had been confined with her seventh child early in December; and from the history of the case, I learned that she had been much troubled with œdema of the extremities, labia, etc.; her face had bloated some in the mornings, and her respiration toward the close of her term was somewhat embarrassed. In fine, I presumed she was a simple case of "anemia gravidarum;" and after delivery, from neglect of proper treatment, or injudicious management, it appears she did not recover her health, but continued in this anemic state, with a gradual increase of dyspnœa and dropsical infiltration.

I found her with a weak, fluttering pulse, of one hundred and thirty; face pallid, puffy, and of extreme anxiety; prolabia of an ashy paleness; respiration heaving, or gasping; orthopnœa; had not assumed the recumbent position for several weeks; inferior extremities below the knees much infiltrated; urine scanty and high-colored; bowels had a tendency to constipation; appetite very poor. Such being her general condition, she had been pronounced by several physicians, as beforesaid, to be laboring under an incurable organic affection of the heart, with dropsy as as a sequence.

I withheld my opinion, as the distinctness of the sounds of the cardiac action was interfered with, by the accumulation of serum in the pericardium; and commenced her treatment with moderate doses of podophyllin and bitartrate of potassa, repeated every three hours till free catharsis ensued, following it up with three doses of iodide of potassium, in a syrup of althea officinalis, etc.

Copious watery discharges ensued the administration of the former, (which was repeated twice a week,) and the renal secretion was largely augmented by the latter prescription. For the relief of some soreness and pain about the cardiac region, and to stimulate the absorbents, a blister of cerat. cantharid. was placed thereon, and repeated from time to time for a month. Attention was also paid to the cutaneous surface, generally, by baths, alkaline and whisky bathings, and spirits of turpentine to the chest in the intervals of blistering.

Iodide of potassium was continued for a month or more, after a time variously combined with mur. tr. iron, quinine, tincture macrotys, col-

chicum, etc.; finally closing the treatment with bitter tincture of iron and comp. syr. of the phosphates. After the administration of the first medicines mentioned above, she could lie down and rest composedly; the dyspnœa was speedily ameliorated, and gradually removed; the dropsical effusion in the pericardium subsided rapidly; and the cardiac action, which had hitherto been indistinct or masked, could now be pronounced as normal, and the organ free from any mischief or change of structure. The limbs, also, were free from infiltration; the anxious appearance of the countenance had given place to hope and health, and she again took pleasurable interest in the duties of her household, for the blessings of health were again being granted her. In a word, all her functions were restored to their natural, healthful play, in six or eight weeks from the first prescription.

The reader will note nothing peculiar in the treatment of this case, and I have deemed it worth reporting only to show the importance of a careful and correct diagnosis,—that a *functional* may be mistaken for an *organic* disease, and that palliative measures should not be instituted, and the patient given up, when curative ones are within our reach, and give such hopeful promises of success.

In conclusion, it is proper to add, that I was an entire stranger to the patient; and she, therefore, having never heard of any of my *good works*, I could not even have had the beneficial effects of *mental* influence to assist me, or co-operate in the medical treatment. All was due to medicine rationally prescribed. She had been treated with calomel, digitalis and squills; jalap and bitartrate of potassa, etc., with no avail, and I therefore went upon another tack.

Glycerine.

The solvent power of glycerine upon several substances commonly used in medicine and the arts, is as follows: One part of sulphur requires 2000 parts of glycerine; iodine, 100 parts; red iodide of mercury, 340 parts; corrosive sublimate, 14 parts; sulphate of quinine, 48 parts; tannin, 6 parts; veratria, 96 parts; atropia, 50 parts; hydrochlorate of morphia, 19 parts; tartar emetic, 50 parts; iodide of sulphur, 60 parts; iodide of potassium, 3 parts; sulphide of potassium, 10 parts.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 166.)

III. Ophthalmoscopic Characters of the Diseases of the Choroid.

Diseases of the choroid have been, since the introduction of the ophthalmoscope, much more clearly elucidated. It is true, that previous to this time, the pathology of some of its diseased alterations, not requiring the illuminating and analyzing power of this instrument, had been made known, in a general manner, by the careful investigations of laborious and painstaking observers, but even here, the complete history of these conditions in their initiation, culmination, and close, was yet wanting; links in the chain of morbid action were missing, and impossible of discovery by the resources then in the hands of physicians. While all those interior alterations in the choroid, such as hemorrhages, plastic effusions, changes in the pigmental matter, etc., remained to them a sealed book during the *life* of the patient, and after his death, were revealed by the scalpel of the anatomist, only to serve as suggestive of actual defects in science, and what a well grounded aid rational therapeutics might have effected, with better means of diagnosis.

In many instances diseases of the choroid were confounded with those of the retina, and *vice versa;* and as a natural sequence, if alleviation or cure was obtained, it was by the merest accident, by a blundering therapeutics, as likely to do harm as to do good.

The affections of the choroid, from its intimate connection with the other structures of the eye, are rarely met unmixed with analogous changes in them; originating, on the one hand, in certain cases, in the choroid, and spreading to other parts; while, on the other hand, sometimes they first begin in adjacent textures, and finally involve the choroid; so that in somewhat advanced stages of changes in this membrane, the morbid processes are never else than complicated. Yet with proper care and an intimate knowledge of the anatomy of the choroid, the ophthalmoscope

will almost always enable the observer to analyze the complex process, and correctly decide as to the nature, extent, and locality of each of its individual elements.

1. Hyperæmia of the Choroid.

This disease, like most of the morbid processes encountered in the choroid, is insidious in its beginning, and slow in its progress. It may require many weeks, or even months, to advance sufficiently far as to preclude the patient the entire use of his eyes. Some persons will pursue their usual occupations, requiring the employment of the eye upon minute objects, without suffering more than a feeling of heaviness, or at least a slight pain in the organ. In other cases the pain will in a few days augment to that degree that the person cannot employ his eyes at all, moderately bright daylight even being sedulously kept out by shielding the eyes. This condition would seem to suggest the implication of the retina, and the ophthalmoscope proves that such is the case. Vision is also disturbed by black specks floating before the eyes.

The pain accompanying these cases is the result of increased intra-ocular pressure, and occurs especially in those instances in which the sclerotica is dense and unyielding. The choroid, being surcharged with blood, will of course exercise an internal pressure, and increase the ocular distension where the sclerotica is unyielding.

A small number of the subconjunctival vessels may be traced sometimes, ruuning in the course of the recti muscles, and anastomosing anteriorly, from a dark-red circle three or four millimetres from the margin of the cornea. In severer degrees of congestion, the distended *sinus venosus* of the iris may be detected, forming a bluish ring just upon the margin of the sclerotica. The pressure of the choroid upon the crystalline lens, through the intervention of the vitreous humor, will displace it forward against the iris, and thus diminish the antero-posterior diameter of the anterior chamber.

Should the sclerotica yield to the distending force, as it sometimes does in old cases, the phenomena indicative of increased intra-ocular pressure will be manifested. Its fibres yield generally at every point, but more particularly at the spaces between the recti muscles where there is no reinforcement to the sclerotica by the expanding insertions of their tendons; here the sclerotica wil assume a bluish tint, and yielding still more, will finally permit the choroid to escape in small hernial protrusions beneath the conjunctiva.

The ophthalmoscopic characters of choroidal hyperæmia require careful attention that they may not be misinterpreted. The observer should have well fixed in his mind the different appearances of the natural fundus under the many conditions of pigmentation, recollecting that no two cases are exactly alike in this respect. The fundus, in persons of light hair and blue eyes, will present a light yellowish-red tint, while that of individuals of black hair and eyes will reflect a darker red light, in consequence of the greater amount of black pigment scattered through the choroidal stroma.

In hyperæmia, the dilated vessels of the corio-capillaris will be seen upon the margin of the optic disc, the congestion of the membrana vasculosa will give the fundus a deeper red color than natural, and these, together with enlargement of the retinal vessels, will complete the ophthalmoscopic picture of the disease, which, if not arrested, sooner or later, runs into choroiditis, the subject we shall next take up.

2. Choroiditis.

This disease is mostly met in a sub acute form, and complicated often with retinitis, but more frequently with iritis, cyclitis, and irido-cyclitis. There are, indeed, denotive circumstances also, that the sclerotica, cornea, and conjunctivitis participating, so that really to sum up all the pathological phenomena of a severe and long standing case of choroiditis under one word, none could be found more accurately expressive than panophthalmitis.

In its inception it will be marked by all the symptoms, subjective and objective, that we have already described in conjunction with choroidal hyperæmia, and as it progresses, others of a more serious character will be developed, which we shall now proceed to speak of.

The sub conjunctival vessels are more greatly distended than in the former case, the conjunctiva itself is often the seat of increased vascular action, which, in severe cases, even extends into the anterior layer of the cornea, originating an effusion beneath its conjunctiva, so as to increase its anterior convexity.

The increased intra-ocular distension, in most cases, is more marked, as shown by the hardness of the globe producing severe pain in the eye, which irradiates to the brows, temple, and forehead, and is especially severe at night. The vision, as long as the macula lutea remains free from disease, is often sufficiently acute to enable the patient to read even fine print; still later, however, it is seriously impaired.

The diseased action often seems to lull for a while, and then to resume its ravages with increased rapidity. The destruction of the organic integrity of the ocular tissues thus progresses, the choroidal pigment disappears at various points, exposing the sclerotica beneath, and the macula lutea having undergone more or less change, finally yields to the distending force from within, producing either anterior or posterior staphyloma.

The ophthalmoscopic signs by which this disease is recognized are, hyperæmia, destruction of the pigment, and exudative deposits in the stroma of the choroid.

We have already considered the appearances produced by the congestion of the coriocapillaris and membrana vasculosa, which is the initiative stage of choroiditis, and need not, therefore, recapitulate them in this place.

The alteration in the pigment is the result of retrogressive metamorphosis or atrophy of the choroid when the seat of long-continued chronic inflammation. It first begins usually to display itself in the neighborhood of the optic disc, the orange-red color produced by the mingling of the yellowish-red of the distended blood vessels, and the darker tint of the pigment, becomes less and less marked until a decidedly yellowish spot is formed, which spreads peripherally, and interferes with vision in proportion as the macula lutea is approached. Patients complain of the letters upon a page running together, sometimes vertically, at others horizontally; again, the letters appear and seem to present a convex surface. The vision continues to be progressively impaired until the perception of small objects is altogether lost.

As the pigment thus disappears, the choroidal vessels can be seen in defined outline, forming a regular meshed network. These also, in time, are blotted out by the advancing atrophy, and the roundish spots become almost white, depending upon the color of the sclerotica, now shining through what remains of the atrophied choroid covering it. The white background forms a surface over which the retinal arteries, apparently occupying a more posterior plane, can be traced.

In some cases, the pigment, instead of undergoing maceration and destruction, seems to be scattered over the fundus in little heaps, giving it a spotted appearance, somewhat resembling in arrangement retinitis pigmentosa, but may be distinguished by the relation of these heaps to the vessels, the latter being in front of the pigment in choroidal deposits, and the reverse in retinal deposits.

Besides this change in the pigment, there are also observed certain circumscribed spots scattered over the fundus, formed by the deposition of plastic matter into the stroma of the choroid, sometimes few in number, at others numerous. When the layer of exudation poured out upon the inner surface of the retina is thin, it presents itself as a light grayish cloudiness, scarcely concealing the pigment-cells beneath. Thicker deposits are of a whiter color, sometimes approaching yellow, hiding both vessels and pigment beneath from view.

These various changes of structure in a membrane so richly supplied with blood vessels as the choroid, could hardly be expected to take place without more or less hemorrhage. In many cases such is the fact; the blood escapes into the stroma or upon the surface of the choroid, and appears in the ophthalmoscope as reddish patches, which, in course of time, as they gradually break up, induce absorption, and leave light-colored spots or changes in the pigment.

[To be continued.]

Medical Societies.

HARFORD CO. (MD.) MEDICAL SOCIETY.

The regular meeting of this Society took place at the Society's rooms, in Bel Air, on the 11th of August; the President, Dr. Hopkins, in the chair.

The minutes of the previous meeting were read, corrected and adopted.

Dr. Forwood read a paper on "Morning Sickness," which, on motion of Dr. Hays, was recommended for publication.

Dr. Lee offered a petition to be presented to the President of the United States for the release of Dr. Mudd, a highly respected member of the profession of this State, who has been confined on a barren and unhealthy island known as the Dry Tortugas for a period of nearly three years, for the alleged but unproven complicity in the assassination of President Lincoln. The petition was unanimously adopted as expressive of the sense of the Society in the premises; and the Secretary was instructed to place it in the hands of our representative in Congress, the Hon. Stevenson Archer, for presentation to the President at his earliest convenience.

The regular discussions of the day were dispensed with, in order to pay due respect to the memory of a departed brother.

Dr. Hays arose and announced the death of our fellow-member, Dr. John K. Sappington, which occurred at his late residence, Blenheim, on Saturday morning, at 3 o'clock, August 8th, 1868, in the 78th year of his age.

In accordance with the proposition of Dr. Hays, the President appointed a committee of three, consisting of Drs. Forwood, Hays and Virdin, to draft resolutions testimonial of the respect entertained by the members of this Society for the memory of the deceased. The committee reported the following:

Whereas, In God's providence our distinguished and venerated brother and fellow, Dr. John K. Sappington, the first President of our Society, and the oldest medical practitioner in our county, has been taken from Time to Eternity, though full of years and ripe for the harvest, and full of honors and ready for the grave, yet the sorrow we feel for his death is as unfeigned as the loss we experience in his teachings is irreparable. Honor, nobility of soul, and rectitude of purpose marked the entire course of his life, and in paying these last sad tributes of love and respect to his memory, we do more honor to ourselves than to him whose loss we so sadly deplore; therefore,

Resolved, That in testimony of the affliction we experience, and the respect we owe the honored deceased, our Society do now adjourn, and that the members be requested to wear the customary badge of mourning for thirty days.

Resolved, That a committee of three be appointed by the President, including himself, to prepare a memoir of the professional life and services of the deceased, to be presented to the next regular meeting of this Society.

Resolved, That the Secretary be instructed to present a copy of these resolutions to the family of the deceased, expressive, as they are designed to be, of our sincere condolence with them in the loss we so deeply feel.

Resolved, That a copy of these resolutions be offered for publication to the newspapers of this county and of the city of Baltimore, and also to the Philadelphia Medical and Surgical Reporter.

The resolutions were unanimously adopted, and Drs. Thos. C. Hopkins, Hays and Forwood were appointed the committee to prepare the memoir of the professional career of Dr. Sappington, after which the Society adjourned.

Editorial Department.

Periscope.

Curability of Consumption.

Case of President Jeremiah Day.

President Day, of Yale College, died in Aug. 1867, at the very advanced age of 95 years. He was an instance of what care and judicious treatment can effect in a disease often considered necessarily fatal. We take some facts of his life and of the autopsy, from the *Trans. of the Connecticut State Medical Society*, reported by Professor S. G. Hubbard, M.D., of New Haven.

Jeremiah Day was born in Washington, Conn., August 2d, 1773; and during the war of Independence was old enough to appreciate the nature of the issue involved in that struggle, and well remembered having seen some of the principal actors in it.

His infancy and boyhood were marked by indications of feeble vitality; and the prospect of his arriving at the maturity of manhood, never very flattering, sensibly diminished as he approached that period. He entered the Freshman class in Yale College in 1789, but was soon obliged to leave college on account of a "pulmonary difficulty," which was, doubtless, the incipient stage of the organic disease of the lungs,

which subsequently developed itself. These symptoms were so far alleviated, that for two years he taught a school in Kent and Winchester, when he found his health so much improved that he returned to college, and was graduated in the class of 1795.

The succeeding six years, a period of great feebleness, were spent partly in teaching at Greenfield for a year, as tutor in William's College for two years, and as tutor in Yale College for three years, during which last period he studied Theology, and preached occasionally in vacant churches in the vicinity, until 1801, when he was elected Professor of Mathematics and Natural Philosophy in the College.

He was prevented, however, from entering upon his professional studies, by the occurrence of an alarming pulmonary hæmorrhage, which happened after a Sabbath service at West Haven, where he had preached for Rev. Dr. Williston. Other hæmorrhages followed, by which he was greatly prostrated, losing large quantities of blood. According to the prevailing practice of that time, he was freely bled from the arm—"the doctors taking," as he remarked to me, "nearly all of the little remaining blood in his body."

In this condition of extreme exhaustion, at the age of twenty-eight, he abandoned temporarily the purpose of entering upon the duties of his professorship, and in September of that year, he made a voyage to Bermuda, to try the effect upon his health of a warm climate. While there, he was treated with tincture digitalis to the extent of producing its cumulative effects, which were so profoundly sedative, that for a time his life was despaired of. Indeed so reduced and attenuated was he on leaving home, that none of his friends expected to see him again alive, and the published letters of Professor Kingsley and others of that period, lament him as already lost to science and the world. He returned, however, in the following April, but without having experienced any material benefit; so that he now gave up entirely all idea fulfilling his collegiate appointment; and bidding farewell to his associates, he retired to his home among the hills of Washington, to die.

The hæmorrhages continued, and were followed by venesections, until a Dr. Sheldon, of Litchfield, who enjoyed a wide reputation for "curing consumption," chanced to see him, and casually remarked that he needed iron,"—and "he believed he could help him."

Although the patient was evidently in a hopeless decline, he was placed under the care of Dr. Sheldon, who would seem to have been an acute observer, and in his knowledge of pathology and therapeutics, far in advance of his time. Under the use of preparations of iron with bark, and nutritious food, Mr. Day soon began to exhibit signs of returning strength and health; and in 1803, although he seemed to his friends literally like one raised from the dead, he was so far restored to health, as to be inaugurated as professor. From this time all symptoms of pulmonary disease disappeared, and did not return.

On opening the thorax, only a moderate quantity, perhaps a pint, of serum was found in both cavities,—the lungs were every where quite free from tuburcular deposit, and in all respects healthy. In the apex of each lung, however, was found a dense, corrugated circular cicatrix, an inch and a half or more in diameter,—also a *third* circular cicatrix, on the left side of the left lung, a few inches below the apex, each involving such a depth of tissue, as to indicate that the vomicæ of which they were the remains, had been large and of long duration. Both lungs were slightly adherent at the apex.

Here then, was all that remained to mark the beginning, progress and cure of a case of tuburcular consumption, occupying *twelve years* in its period of activity, and with its incipient stage, dating back more than *three quarters of a century*. A legible record, surpassing in interest and importance to the human race, those of the slabs of Nineveh, or the Runic inscriptions.

A Report on One Hundred Cases of Cataract, Operated on by the Linear Section in the Border of the Sclerotic.

Dr. H. Knapp, Prof. of Ophthalmology in the the University of Heidelberg, (*in the New York Medical Record, May* 1, 1868), says:

"I have already published, a year ago, in the xiii. vol. of the *Arch. f. Ophth.*, the result of the first hundred cases of cataract upon which I operated after the method above mentioned, and expressed myself highly in favor of this operation, which was devised principally by Prof. von Gräfe. Since that time I have had the opportunity of operating upon another hundred cases, the results of which have but confirmed my favorable opinion of the same method. I performed the section entirely within the sclerotic border (limbus conjunctivæ), following rather exactly the direction of a greatest circle track. The length of the internal wound rarely exceeded 9 mm. The radius of curvature of the inner surface of the sclerotic border may be assumed at 8 mm. in length. The very largest cataracts possesses an equatorial diameter of 9

mm., and a polar distance of 4 mm. From these data the length of the inner wound in the sclerotic border, affording easy passage to the largest cataracts, is calculated to be 9.47 mm., the area of the sclerotic circle belonging to it being 10.14 mm. in length. When the angles of the wound of 9.5 mm. approach each other one-half mm., the wound itself forms an opening of 4 mm., at its greatest breadth. A wound of such dimensions, sufficient for the passage of the largest cataracts, can be made to gape either by depressing its posterior (sclerotic) lip, or by drawing both lips asunder. Under these conditions the cataract makes its exit without causing any contusion of the wound or losing its cortical layer.

Von Gräfe has recently made an addition to this method, which consists in pressing gently with a spoon upon the cornea, in a direction from below upward toward the wound. In this manner the crystalline is carried before the instrument through the opening in the sclerotic. I tested this manœuvre as soon as it came to my knowledge, and found it to be a decided improvement on the previous mode of extraction. While pressing with the convex surface of the spoon on the cornea, I find it of advantage to depress the posterior lip of the wound toward the centre of the eye, and observe that by this proceeding the lens glides out easier and with less loss of cortical substance than when this is omitted, and the cataract itself left to open the wound by crowding both lips apart.

In the above-mentioned hundred cases the operation was quite normal, *i. e.*, without any accident, in seventy-two; in eighteen there was an escape of a portion of vitreous humor, preventing the complete removal of cortical substance in six of these cases. This rather frequent loss of vitreous can be accounted for in my having intentionally, in many cases, performed the section very remote from the margin of the cornea. In ten cases of normal operation I did not succeed in cleaning the pupil from all cortical substance. Other accidents, as hæmorrhage, iridodyalisis, etc., did not happen.

Eighty-four cases healed without any disturbance. Pure, uncomplicated *after-bleeding* into the vitreous space occurred three times, but disappeared without having damaged the eye. *Iritis* manifested itself nine times, in one case complicated with purulent *capsulitis*, (proliferation of the intracapsular cells). All the cases of iritis healed well, having resulted in good sight at the period of the patients' leaving the hospital, or affording excellent conditions for the operation of secondary cataract.

Transitory Turbidity of the vitreous (hyalitis diffusa), was observed twice. *Two eyes were lost*, the one by *purulent iritis*, the other by *primary suppuration of the cornea*, both cases having been operated upon without the least accident.

The average *duration of healing*, (the patients sojourning in the hospital), was 17.8 days.

The operation of *artificial pupil*, for the sake of converting an incomplete into a complete success, was indicated four times. I performed more frequently, about ten times, the early *discission* (in the second or third week) of capsular opacities with one or two needles. This proceeding, which I saw executed, in October, 1867, by Messrs. Bowman and Critchett, in London, I found not only innocuous, but also advantageous for obtaining a clear pupil before the patient is dismissed.

The *age* of the patients did not exert a noticeable influence on the healing process after this method of operating.

The *hyper-mature cataracts*, seventeen in number, presented the least favorable results. The operations upon five *complicated cataracts*, where good perception of light was preserved, and upon three *diabetic cataracts*, resulted in perfect success.

Of seventy-two cases where the operation was a normal one, sixty-nine, *i. e.*, ninety-six per cent., had remained good sight at the period of the patients' leaving the hospital. The ten cases in which portions of the cortical substance remained in the eye, but without simultaneous escape of vitreous, obtained good sight mostly at a later period.

The examination of the *acuteness of vision* was always made at the time of the patients' leaving the hospital, *i. e.*, when the healing and clearing up the eye was not yet terminated, but only assured. Later examinations revealed a power of vision essentially better; but as such were not to be obtained from all patients, and observations made under different conditions have no comparative value, I prefer to announce the primary results of the operation, such as were noticed at the time of the dismissal.

The hundred cases showed the following visual acuteness (S.), which was determined with Snellen's test-types, at a distance of twenty feet, in a moderately illuminated room:

In one case S.=1-2 the normal; 7 S.=1-3; 31 S.=1-4; 22 S.=1-5; 11 S.=1-6; 4 S.=1-7; 9 S.=1-10; 1 S.=1-12; 2 S.=1-15; 2 S.=1-20; 4 S.=7-40; 1 S.=1-60; 2 S.=1-100, (viz., counting fingers at a distance of 2 feet); 2 S.=0, (blindness.)

A general summary of these cases showed eighty-six *perfect successes*, (S. = 1-2 to 1-10, viz., faculty of reading finest or ordinary print); 12 *imperfect successes*, (S. = 1-12 to 1-100, viz., reading larger types, and being able to walk about without assistance), and 2 failures.

These being only primary results and a spontaneous amelioration to be expected in all cases, (two imperfect successes, S. = 1-15 and S. = 1-60, showed soon after S. = 1-4 and S. = 1-6), I may fairly assume that half of the remaining ten cases of imperfect success will turn out to be perfect, either spontaneously or by a subsequent operation. The statistics of the results obtained then offer the following percentage: Two failures, five imperfect, and ninety-three perfect successes.

Encephaloid Testicle in the Abdominal Parietes.

We find in the Massachusetts General Hospital Reports, the following case, presenting several peculiarities. The encephaloid mass was removed by Dr. H. J. Bigelow. Case reported in the *Boston Medical and Surgical Journal*, March, 1868.

Patient æt. 50. An undescended testis lay upon the abdominal parietes. Has worn a truss since fifteen years old, for a supposed hernia opposite the right internal inguinal ring. Till fifteen years ago, the tumor was no larger than a butternut, but since, its growth has been steady. At the time of operation, there was an oblong tumor fixed beneath, but not adherent to the integument, extending from the spine of the pubes of the right side, obliquely upward and outward, to the lower margin of the ribs. It measured thirteen inches in its long, and ten in its short diameter. A trocar and canula were thrust into the tumor at two different places, but only a few drops of dark blood escaped. An incision thirteen inches long was then made through the integument over the tumor, parallel with its long diameter, and the opening enlarged by an incision in the inner flap three inches long, at right angles to the first, at its middle. About three ounces of clear fluid escaped from the lower part of the wound, supposed to come from the *tunica vaginalis*. The incisions were then carried through the muscles which covered its upper half, when the whole of the tumor was exposed. It was readily dissected by the fingers from the surrounding soft parts and *transversalis fascia*, till but two points of attachment remained, one a fibrous band extending from its lower and posterior part toward the spine of the pubes, the other, somewhat larger, extending from near its apex to the internal inguinal ring; the former was probably the gubernaculum, and the latter the spermatic cord. Both were tied, and the tumor cut away, leaving a small portion of the diseased mass still attached outside the ligature about the cord, to prevent retraction. This answered its purpose perfectly, till at the suggestion of a bystander, it was partially removed, when the cord at once retracted. Immediately there formed a pulsating tumor inside the *fascia transversalis*, which in a short time burst off the ligature and poured out its blood with a large central jet into the wound. This, the enlarged spermatic artery, together with several smaller arteries, were tied. A large number of small vessels were tied during the operation, but there still being some oozing of blood, the wound was left open to the air till it should cease.

Gossypium as an Emmenagogue and Parturifacient.

Dr. Bellamy, of Columbus, Ga., says of the common cotton-plant, gossypium: (*Atlanta Med. and Surg. Journal*) "I am fully satisfied, from the experiments and impartial tests I have given the remedy, that it is fully equal, if not superior to ergot in promoting the various functions of the uterine organs. I look upon it as a sure, speedy, and safe remedy, not only for difficult, painful, contracted labors, but also to control all the irregularities of females, and to alleviate their peculiar monthly sufferings. It is very certain that its effects are so powerful upon the uterine system as to produce miscarriage, if administered during pregnancy. I feel that its merits cannot be too highly extolled, and deem it too valuable a remedy to remain hidden in the depths of obscurity. I consider it preferable to ergot. The proper time to gather the root is when it is as old as possible, without being injured by the severe frosts: therefore it is best when gathered during the months of October and November."

An Alleged Preservative against the Cattle Plague.

Chloride of copper is now extensively used in Germany against the cattle plague, or rather as a preservative. The *modus operandi* is as follows:

Take green crystallized chloride of copper, eight gram., spirits of wine, two kilog., and dissolve. With this solution impregnate a pad of cotton, lay it on a plate, and set fire to it in the centre of the stable, turning the animals' heads toward the flame, so as to make them breathe the fumes. This operation is performed morning and evening, burning one pad for every

three heads of cattle. At night, a spirit-lamp, filled with this solution, is lighted in the stable. To prevent accidents, the flame is surrounded with wire gauze. The liquid is also administered internally, with the addition of fifteen gram. of chloroform for the above quantity. A teaspoonful of this is put into the animal's drink three times a day. As a further precaution, the litters are watered with the same solution.

Death from Chloroform Administered for the Amputation of a Finger.

A death from the inhalation of chloroform has occurred at the Essex Lunatic Asylum, Warley. An inquest was held before C. C. Lewis, Esq., Coroner. The patient was a man, aged 28, whose finger had to be amputated from recent injury. The quantity administered was, it was stated, only a drachm; and the verdict of the jury, after hearing the medical evidence, was—"That death resulted from convulsions; such convulsions resulting from fatty degeneration of the heart." The stethoscope had disclosed no signs of this disease. The chloroform was administered on a handkerchief in three doses of twenty minims, and maintained during the operation. The patient became violently convulsed, and the pulse ceased. There was tubercle at the base of the brain; the heart was soft and fatty; the liver heavy and soft.—*Brit. Med. Jour.*

Reviews and Book Notices.

Conservative Surgery, in its General and Successful Adaptation in Cases of Severe Traumatic Injury to the Limbs, with a Report of Cases. By Albert G. Walter, M. D. Pittsburgh, 1867. 8vo., pp. 213.

The portion of the domain of Surgery to which the author limits his remarks, is that where the soft tissues are lacerated and crushed and the bones fractured, but the main arterial and nervous trunks remain intact. In the treatment of such injuries he advocates a conservative method, which is in a great measure novel, and appears from the numerous cases given to be very successful. It is, that first of all free vent must be given by long and deep incisions for the escape of effused blood between the fascia, and that all attempts to bring the soft parts together, as is usually done by adhesive strips, firm bandages and stitches, be absolutely discarded. Rest should be obtained by placing the injured member in a tin or sheet iron splint, the ends of the bones resected, if needs be, and the wound freely enlarged; or if no breach of surface exists, but only bruising and swelling, a bold and deep incision should be made, dividing thoroughly the injured tissues. By this step free exit is given to the effused serum, blood and the products of inflammation; and with proper, general and local supporting measures vitality is aroused, and the limb placed under the most favorable circumstances, for preserving its life and functions. Warm poulticing the author claims as an important adjunct, while cold applications, now so largely employed, he deems often of real and serious disadvantage. Injuries caused by cars, buffer accidents, and those produced by heavy machinery, etc., are especially the kind which by this method of treatment yield results more favorable than by any other hitherto reported.

We do not remember to have read any advocate of this practice who carried out his views so consistently, and so far as we can see, successfully, as Dr. Walter. They are not entirely new, as some of the older surgeons acted also upon the same theories. Dr. Walter suggests that they might be applied to gun-shot wounds, not apparently being aware that in the early part of this century many military surgeons carried them into effect, and were accustomed to enlarge freely with the knife the wound caused by a ball. Later surgeons condemn this practice decidedly, and we believe with justice. "It was once the rule," says that high authority, Dr. F. Löffler, (*Behandlung der Schusswunden im Kriege*, p. 15), "to enlarge the canal of the ball by the knife. This injurious operation, which fulfilled no indication, and opened the door to processes of disintegration, has fortunately fallen in great measure into disuse."

Dr. Walter himself does not seem to have applied it in gun-shot wounds. The cases he gives are in civil surgery only. They extend over seventeen years, and what disturbs us a little, they are nearly, if not quite all, successful. We of course do not mean to question the accuracy of the reports. But we naturally ask, are all the cases reported in which the method was tried, or *only* the successful ones?

This is the great difficulty in forming an opinion from statistics in private practice. No one, be he never so impartial, is quite capable of judging of a discovery of his own. It must be submitted to the test of hospital experience ere its true merits are made manifest. Nevertheless this monograph of Dr. Walter is so rich in suggestions, and so evidently earnest in tone, that we think it peculiarly worthy the attention of the profession, as a very valuable and original contribution to surgical science.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 5, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

CERTIFICATES OF INSANITY—THE MERRITT CASE.

Some of the newspapers, in their blind zeal to get hold of an item which they suppose will militate against a member of the medical profession, parade before their readers all the facts and incidents of such a case as that of Mrs. MERRITT, in New Jersey. It is to them a *bonne bouche*, and as much is made of it as the seeming facts will allow. Mrs. MERRITT, the sister of an ex-Governor of New Jersey, and of a lawyer of standing in the State, was sent to the N. J. State Lunatic Asylum on the certificate of a physician, and the finding of a commission *de lunatibus inquirendo*, at the instance of her mother and all her immediate family, who are of the first standing in the community, as insane. The Superintendent, after about three weeks opportunity for observation, discharged her on a writ of habeas corpus as "not insane." Whether Dr. BUTTOLPH was justified in giving so unqualified a certificate on so brief an acquaintance with the case, in face of the testimony in favor of the insanity, remains to be seen. If the parties who were instrumental in having her discharged have any confidence in their own case, they will undoubtedly bring it before the courts again on a suit for false imprisonment, when it is possible the judgment of Dr. BUTTOLPH might be shown to have been too hastily formed, and the homilies founded on it that have been read by the immediate newspapers to the medical profession, and to persons who are "troubled by disagreable relatives," may be shown to have been somewhat premature. It will generally be wise to be a little guarded, and leave an avenue for a safe, not to say a graceful, retreat, in giving judgment in cases of alleged insanity.

We are by no means disposed to encourage recklessness in depriving persons of their liberty, and that, too, under what is looked upon by the public as so serious a criminal charge as insanity, yet we hold that both public and individual safety require that due precautions be taken in such cases. In the case in point, it was as much the duty of Dr. ZABRISKIE, if he was satisfied that Mrs. MERRITT was insane, and in a condition to be benefited by treatment in a hospital specially devoted to that disease, to give a certificate to that effect, as it was Dr. BUTTOLPH'S to discharge the case, if after due investigation he was satisfied that it did not require such treatment. Dr. ZABRISKIE might be mistaken in his judgment, and with all due deference to Dr. BUTTOLPH'S extended opportunities for observation, we will say that he might commit a very grave error in pronouncing so positive an opinion on so brief an opportunity for observation. We say unhesitatingly that we are at a loss to account for his conduct. The newspapers do not hesitate to insinuate very broadly that the certificate of insanity was procured by bribery, thus making a point against the medical profession, while it receives no credit for Dr. BUTTOLPH'S action, which is rather used to sustain the general charge that medical men are always ready to allow themselves to be made use of to promote the evil designs of those who desire to get rid of "disagreable relatives" by unjustly confining them in institutions for the insane. In this instance Dr. BUTTOLPH seems to have arranged himself on the side of those who have of late been raising what we cannot but feel is a very unjust hue and cry against the medical profession, and it appears to us without sufficient ground.

But, be the facts in the MERRITT case what they may, it is not difficult to offset it with horrible details on the other side, where an insane person suffered to go unrestrained butchers an inoffensive old man. But a brief

telegraphic account of this case satisfies the newspapers. They have no room to moralize upon it, though such cases are constantly floating through their columns. Had, however, some luckless wight of a doctor given a certificate of insanity in this West Virginia case, it is more than likely he would have been charged with being bribed to do so in order that a "disagreeable relative" might be got rid of. The following is the case referred to:

Murder by a Lunatic.—On Friday morning last (Aug. 14th,) the eldest son of Daniel McGlauchlin, Esq., of South Branch, in Romney, West Virginia, a young man of 23 or 24 years of age, laboring under violent, raging insanity, escaping from the vigilance of those who were guarding him at home, crossed the Potomac River to the neighboring plantation of Mrs. Myers, "Beaver Bottom," and executed the purpose he had been threatening some days before—the murder of Mr. Presley N. Rector. Mr. Rector was probably above 70 years of age, and residing with Mrs. Myers (a near connection by marriage), superintendent of her farm, and a more inoffensive, kindly-regarded citizen was not to be found. He probably had not an enemy in the world. When McGlauchlin went upon the premises and began to call for Mr. Rector he was armed with a fence-stake of round green oak, pointed, about seven feet long—a weapon in the hands of a young, athletic man, well suited for the purpose he had in view. By a single blow the skull was crushed, and that was probably fatal; but subsequently the maniac returned and wreaked his malice upon the corpse by beating the head and face into a jelly! The lunatic afterward attempted the life of his sister, was finally arrested, and has been lodged in the jail at Moorfield for safe keeping.

Notes and Comments.

Editorial Comments.

In No. 6 of our present volume, we appended a note to an article by Dr. H. L. Byrd, of Maryland, in which we used some expressions, which, we regret to learn, have been considered by the writer as unjust to him, and calculated to forestall opinion on an important professional matter. Such an intention, we desire to state, was not in our minds, as we simply wished to direct the attention of both readers and writer to certain objections which would occur to many on perusing the article, and which we did not think it out of place to suggest ourselves. We have usually allowed ourselves considerable freedom in our editorial comments, but we earnestly disclaim any intention to prejudice readers, still less to be wanting in courtesy.

The New Hospital for the Insane in Pennsylvania.

The Commissioners appointed by the Legislature to locate the new Hospital for the Insane in this State, have, after patiently examining various localities, selected a farm near Danville as the location, which is a very fine one, on the bank of the Susquehanna. The building, it is said, will be a magnificent structure. It will be 1142 feet, or almost a quarter of a mile in length. Every room will be completely ventilated, and a view of the outside world will be afforded from every department. With the thorough knowledge gained by experience and study on the part of those who have charge of the business, the hospital will doubtless be one of the most competent structures of the kind that has yet been built in the State. Dr. Shultz, of Harrisburg, a very competent person for the position, is the Superintendent.

Hygiene of Schools.

In the Teacher's National Convention recently held at Nashville, this important topic was brought prominently forward by Prof. Charles A. Lee, M.D., of the Medical Department of the University of Buffalo. His remarks were listened to with the greatest attention, and gave rise to an animated and, we doubt not, fruitful discussion. The theme is one which we are glad to see is welcomed by teachers.

Prevention of Premature Interments.

Some people are all their lives haunted by a fear that they will be buried before they are dead—in some fit or trance. To prevent this, an ingenious Frenchman has invented a kind of coffin which must allay all such fears. The humorous Paris correspondent of the *N. Y. Times* describes it as follows:

"He calls his invention a 'Respiratory-Advertising Apparatus for Preventing Inhumations.' You can see the mechanism of the thing from where you are. 'You can breathe while notifying the outside world that you are resurrected.' What *naiveté!* By this invention the buried individual puts himself in communication with the living by means of a tube fixed over the mouth with a funnel-shaped mouth-piece, the other end projecting from the earth or stone above. 'If the individual,' to quote the prospectus, 'finds himself uneasy in his position (!) he has only to demand the attention of the guardians of the cemetery, which he can easily do, and his case will be attended to at once.'

"So that if this ingenious invention comes

into general use, the people who select the cemeteries as a place of resort, must not be surprised hereafter, at hearing queer sounds from time to time proceeding from the earth around them. We can imagine a surprised promenader exclaiming to a guardian: 'What! do you allow people to play the trombone here?' and the guardian replying: 'That's no trombone. It's the old fellow of yesterday—down there—the seventh to the left—who demands a change of base!'

"The inventor thinks no man ought to be without one of his tubes. The charming man. Pretty soon he will pretend that children cry for them!"

Medical College of Nashville.

This institution has been engaged in a chancery suit, two faculties claiming the right to occupy its professorial chairs at the same time. We do not pretend to enter into the merits of the questions at issue, and only mention the results. A *supersedeas* has been granted by Judge Milligan in the Supreme Court, under date July 20th, and a writ served upon Drs. Paul F. Eve, Jennings, and Jones, nullifying an interlocutory order of the Chancery Court which granted these gentlemen the chairs in dispute. Dr. William K. Bowling is therefore Dean of the present Faculty, and comes out in a card announcing that "no process of law can interfere with the new Faculty during the coming course of lectures, or in the future at any time whatever. The Faculty are pledged to the public to deliver a more complete course of lectures during the coming session, than has heretofore been given in the Institution, no matter what may go out from this city adumbrating the contrary."

Directions for Bathing.

The Royal Humane Society, acting, we believe, upon the advice of Drs. Christian and Sieveking have issued a set of important directions to bathers, which are just now very seasonable, and have moreover a permanent value. Avoid bathing within two hours after a meal. Avoid bathing when exhausted by fatigue or from any other cause. Avoid bathing when the body is cooling after perspiration: but—bathe when the body is warm, provided no time is lost in getting into the water. Avoid chilling the body by sitting or standing naked on the banks or in boats after having been in the water. Avoid remaining too long in the water—leave the water immediately there is the slightest feeling of chilliness. Avoid bathing altogether in the open air if, after having been a short time in the water, there is a sense of chilliness with numbness of hands and feet. The vigorous and strong may bathe early in the morning on an empty stomach. The young, and those that are weak, had better bathe three hours after a meal—the best time for such is from two to three hours after breakfast. Those who are subject to attacks of giddiness and faintness, and those who suffer from palpitation and other sense of discomfort at the heart, should not bathe without first consulting their medical adviser.

The Atlanta Medical College Imbroglio.

We have refrained from making any remarks about this complicated affair until we could get information from both sides. So far as we have received such it would appear that the College has taken a position adverse to the Georgia State Medical Society, and to the Trustees of the College. The Faculty seem desirous of escaping any restrictions which either of these bodies may impose upon them. It is extremely questionable whether such conduct can be commended. We understand that the topic is to be brought before the American Medical Association at its next meeting, when we hope it will receive a careful examination. Until then we would prefer not to discuss the matter at any length.

Effect of Digitalis on the Mind.

It is a popular opinion that digitalis acts injuriously upon the *memory*, and that it hastens childishness in elderly persons. Undoubtedly it has a peculiar and specific influence on the mind, probably through its remarkable power over the circulatory system. It has recently been used in Germany with success in the treatment of hallucinations. In the *Allg. Ztschr. für Psychiatrie* a case of a woman is reported, aged 38 years, who was constantly troubled with the appearance of devils and imps, brandishing flames and threatening to strangle her. She was placed on digitalis (℈ss., aquæ, ℥iv., ℥j. t. d.), and in two or three months was quite restored.

The real effects of the drug on mental action should be carefully studied.

Gymnastics in Schools.

There is even in this country a growing tendency just now to make of gymnastics in schools a fatiguing, tedious, and monotonous study, instead of their being an agreeable, diversified, and most invigorating recreation. The *British Med. Journal* invites attention to the recent memoir of Dr. Gallard on this subject, published in England. The following are his conclusions. He proposes to prescribe for young people the exer-

cises of the bar and the trapeze, and the monotonous use of "clubs" and dumb-bells; and to replace the factitious exercising in the gymnastic school by free and natural exertion in such games as football, cricket, tennis, etc., in which the masters can take part with their pupils. Long walks may replace other fatiguing exercises; and for boys the rifle drill may be introduced after the age of fourteen. Swimming and horse-riding are invaluable gymnastics; and deprivation of exercise should be banished from the list of punishments.

The Academy of Medicine

Of Cincinnati, in regular session, May 25, 1868, unanimously adopted the following resolutions, submitted by a special committee appointed to report upon "procured abortions and criminal advertisements:"

"1. Criminal abortions are fearfully frequent.

"2. That as a general rule, the crime is committed by irregular practitioners of medicine, by certain female *accoucheurs*, and by apothecaries, who vend certain nostrums to correct suppressed menstruation.

"3. That we believe that the advertisement of abortionists and abortion drugs encourages the practice of abortion, and is criminal, and, therefore, the Academy of Medicine should earnestly protest against the admission by the press of such advertisements.

"4. That the Academy appoint a standing committee to fortify, as much as possible, the Health Officer in Cincinnati in the prosecution of such offenders.

"5. That it is the duty of all good citizens, and especially physicians, to discourage the circulation and patronage of the journals in which are published the advertisements of those who profess to produce abortion or prevent impregnation."

A New Method of Dressing Wounds.

A new method of dressing wounds has recently been adopted in Belgium. A sheet of lead one-fiftieth of an inch thick is applied to the injured limb, and made by pressure to assume its shape. The lead is firmly secured by means of strips of adhesive plaster, and a current of fresh water is made to pass over the surface of the flesh once or twice a day.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

FOREIGN.

University College,
Oxford, England, Aug. 7th, 1868.

Editors of Medical and Surgical Reporter:

Having the honor, in connection with our celebrated fellow townsman, and late President of American Medical Convention, Prof. Gross, Fordyce Barker, N. Y., and Samuel J. Jones, Chicago, to be a delegate to the British Medical Association from the American Medical Association, and feeling the necessity of a more thorough union of the members of our profession of America with those of Great Britain, as so ably stated in a speech of Prof. S. D. Gross before this Association, I have enclosed you the proceedings of this Association, hoping you will give publicity to as much as your space, time, and its importance will permit.

This ancient city of a thousand years, with its classical grounds, university, and nineteen colleges, has been the place of the thirty-sixth annual meeting of the British Medical Association. The time, place, President, Secretaries, and all its excellent arrangements, have made it one of the most successful, harmonious, and pleasant meetings this Association has probably ever had; or if second to any, only that one held at Dublin last year.

The delegates were all cared for by the Association, and quartered in the various houses of the Professors in the nineteen colleges, providing their names were obtained, as they so desired. There were in all about four hundred and fifty delegates, from all parts of England, Ireland, and Scotland, from America, France, and Germany, and a more earnest, intelligent, and fine body of physicians and surgeons it would be hard to find in any country or association. The Association had its general meetings and those of its sections; its reception-room in Town Hall, where a printed journal of the daily proceedings could be obtained, or the address of any member; its annual museum of all things new in the way of books, instruments, drawings, pathological preparations, etc., for the past year; its diagrams of microscopy, as shown by Prof. Beale, illustrating by anatomical and pathological pre-

parations, some of the results of his researches in histology.

Meeting of the British Medical Association at Oxford.

The thirty-sixth annual meeting of the Association was held at Oxford during the past week. On Tuesday a room in the Town Hall was opened for the reception of members on their arrival, where tickets, lists and prices of lodgings, and other information could be received.

The "first general meeting" was held in the evening, in the hall of Christ Church—there was a very large attendance of members of the Association, while a number of ladies graced the proceedings by their presence. Professor Stokes, the retiring President, took the chair. In an address delivered with much feeling, but in a calm and distinct voice, Professor Stokes resigned his office.

Dr. Acland, the new President, having taken up his position, proceeded to read his address.

At the close of the address, Dr. Sibson rose announced that he had to propose a vote of thanks to Dr. Stokes, for his valuable and faithful services during the past year, and that he be appointed Vice-President of the Association.

Dr. James Paget, in very cordial terms, seconded the motion, saying that no one who knew Dr. Stokes could help loving him.

Professor Stokes, in reply to the resolution—which was carried by acclamation, the meeting taking the presidential function of "putting the motion" entirely out of the hands of the President—said as long as he was spared the power, he would continue every effort to subserve the interests of the British Medical Association.

The next business was the presentation of the Report of the Council, which was read by Mr. Williams.

The Report of the Council stated that the number of members had increased to 3,627. It appeared that the Committee on State Medicine, appointed last year in Dublin, on the 22d of May, had an interview with the Duke of Marlborough and the Right Hon. Gathorne Hardy, at the Privy Council Office, when a memorial was presented, drawn up by a joint committee, showing the necessity of a better administration of the laws relating to registration, medico-legal inquiries, and the improvement of the public health. The deputation, it appeared, was assured that the Government would give the subjects brought under their notice their best consideration. A deputation has this year been originated in connection with the Association, dealing for the first time specially with State Medicine. The Committee will continue their efforts in bringing their views before Parliament. The rapid increase of the numbers of the Association, amounting to 1200 new members during the last eighteen months; the interest the subjects brought before the Association have awakened; the attention given to the representations by the Government, afford evidence of the greatly and steadily developing influence and vitality of the Association.

Mr. Barrows, of Brighton, moved, and Dr. Jeafferson seconded its adoption, which was unanimously carried, after some remarks by Mr. Sampson Gamgee, Dr. Gibson, Dr. Davey, Mr. Hadley, Dr. Bell, and others.

Some stormy debates took place during the evening, and it was midnight before the business of the meeting was brought to a close.

Wednesday.

This morning the business of the Conference began at eight o'clock, when the breakfast of the Association was given in the Clarendon Hotel. At 9.30, the new Council met in Convocation House, the proceedings at which were purely confined to minor details. At 10.30, a brilliant gathering assembled in the Sheldonian Theatre, for the purpose of witnessing the six honorary degress of D. C. L. being conferred upon the following—Sir Charles Locock, Bart., M.D., F.R.S.; the Rev. S. Haughton, M.D., F.R.S.; W. Withy Gull, M.D.; James Pagot, F.R.S.; John Simon, F.R.S.; James Syme, F.R.S.

The second general meeting was held at 11 o'clock, in the Divinity School. Dr. Acland presided. There was a large attendance.

The following gentlemen were then elected Honorary Members of the Association—Cambridge: Dr. Cookson, Professor Airey, Professor Stokes. Dublin: Provost of Trinity College, the Vice-Provost of Trinity College, and the Rev. Joseph Carson, D.D. Oxford: the Vice-Chancellor, the Dean of Christ Church, the Warden of New College, the Principal of St. Mary Hall, Sir Benjamin Brodie, Professor Phillips, Professor Clifton, Mr. E. Chapman, M.A., M. Duchenne de Boulogne, M. Marey. Paris: Professor Victor Carus. Leipsic: Professor Gross. United States: Mr. Edwin Chadwick, C.B.

At the close of the meeting, Professor Rolleston, F.R.S., delivered a very long, a very valuable, and a very scientific address on "Physiology," which was listened to with marked attention.

At two o'clock, the "third general meeting" was held in the Divinity School, to hear a paper

by the Rev. Professor Haughton (of Dublin) on "Sources of Vital and Mechanical Force Derived from Food, and its Influence on Medical Practice." There was again a large attendance of the members—the paper being one of the most attractive of the season. Dr. Acland presided. In moving a vote of thanks—a resolution which was carried by acclamation and the waving of hats—to Professor Haughton, the President said he had never listened to a paper which had given him individually greater satisfaction. The sectional meetings commenced work at a quarter to four. They are five in number, viz., medicine, physiology, surgery, midwifery, public medicine.

The President's Conversazione took place in the University Museum on Wednesday evening, which presented an unusuallly brilliant and animated appearance, owing to the large numbers of gentlemen and ladies who assembled by invitation of Dr. Acland. One of the rooms was devoted to an exhibition of pathological preparations and drawings, and other objects of special interest to the members of the Association. The feature of the Conversazione was the microscopical display, for which the company were indebted to Professor Beale, illustrative of the organs and tissues, and health and disease. Professor Clifton exhibited instruments for physical research, and M. Marey discoursed in French on certain inventions of his own, measuring the motions of living bodies.

Thursday.

At nine o'clock, the annual meeting of the New Sydenham Society was held in Convocation House; Mr. Paget in the chair. It was announced that four works will be published in 1869—the second volume of Trousseau, the second of Lancereaux, a Biennial Retrospect for 1867-8, and a sixth fasciculus of the Atlas of Skin Diseases.

Many of the members of the Association visited the Radcliffe Infirmary, it having been arranged that the nitrous-oxide gas should be there administered by Dr. John Murray and Mr. Clover, as an anæsthetic.

At 10, A. M., the fourth general meeting was held in the Divinity School.

Dr. Hughes Bennett commenced the business by reading the report of the committee appointed to inquire into the Action of Mercury in the Secretion of Bile. Thirty-three experiments in all, on dogs, were made, under the superintendence chiefly of Dr. Rutherford, Dr. Gamgee, and Dr. Fraser, of Edinburgh. The main conclusion arrived at was this: that in moderate doses, mercury, acting upon the constitution, has no influence in increasing the secretion of bile; and that in large doses, the drug greatly diminishes it in dogs. Dr. Bennett then proceeded to note the manner in which mercury acts on dogs. Dr. Rutherford has worked out the fact that dogs seem to be affected by mercury exactly in a similar mode to man: they are salivated readily by it. And it is therefore believed that the results arrived at in dogs are most perfectly applicable analogically to the illustration of the mode of action of mercury in man.

The thanks of the meeeting were given to Dr. Bennett and his coadjutors, for the report and their laborious investigations. The propriety of granting funds for further research, or in liquidation of any expenses already incurred, was referred to the Council for consideration. The discussion of the report was deferred till the general meeting on the following day.

Dr. Gibbon presented the report of the Parliamentary Bills Committee, which was received and read, the Committee being reappointed.

A letter from Dr. Rogers, the President of the Poor-law Medical Officers' Association, asking for the support of the British Medical Association, was read.

Mr. Hart moved, "That a committee be appointed to confer with the Council of the Poor-law Medical Officers' Association, and to coöperate with the latter in furthering Poor-law Medical Reform; the committee to consist of Dr. Sibson, Dr. Falconer, Mr. Newnham, Dr. Stewart, Mr. Lord, Mr. Fleischmann, Mr. Heckstall Smith, Mr. Neate, M.P., Dr. Heslop, Mr. Chadwick, C. B., and Mr. Hart.

The motion was carried unanimously.

The sections met again at 11, A. M., when a number of interesting papers were read; and the sixth general meeting in the Divinity School at 4, P. M., brought the proceedings of the Society to a close for the present year.

The Duke of Marlborough liberally threw open the magnificent gardens and grounds attached to Blenheim Palace, for the inspection of the members of the Congress, on Thursday and Friday. Numbers availed themselves of the privilege of inspecting that princely and well-appointed domain.

The meeting was brought to a close on Friday evening, and one of the last acts was a vote of thanks to the American delegation, headed by Prof. Gross, for its attendance and sympathy, and a resolution that this Association be authorized to send delegates to represent it at the next

meeting of the American Medical Association to be held at New Orleans.

H. Earnest Goodman, M. D.

News and Miscellany.

The Cattle Disease.

This plague still continues in Eastern markets. The consumption of beef in consequence has fallen off in some of the New York hotels about 75 per cent., while the largely increased mortality from diseases of the intestinal tract, which the Reports of that city shows during the last few weeks, has been attributed by some—and we believe Dr. Harris, health officer of the city, is among the number,—to consumption of diseased flesh.

There was a drove of thirty-three from Illinois shipped to Providence, R. I., which were examined, and appeared quite healthy when invoiced. On their arrival some of them soon manifested signs of the disease.

They were visited by Dr. Snow, the Superintendent of Health, who examined the living and some of the dead. The symptoms of those sick and the *post mortem* appearances, corresponded almost precisely with those described by Prof. Gamgee, which we have previously referred to.

At that time the account of the drove of thirty-three cattle stood as follows: Eleven had been killed and dressed, one had been killed because it was sick, six had died in the pasture, leaving fifteen still living. Of the living every one showed more or less symptoms of the disease; several were evidently in the last stages, and it seemed probable that all would die within a very short period.

The origin of the disease, in this case, was evidently in Illinois. Though the cattle were apparently well when purchased, they had precisely the same disease described in Illinois, and that is causing so great excitement there. There can be no doubt that the animals had the disease when they left Illinois. All of them were raised in that State, and the lot included none from Texas or other places.

Those which died were rendered up for soap fat. This disposition of the bodies has been severely commented on by some of the daily papers. They say that it is but bringing the diseased flesh before the public in a different and hardly less noxious form. But this is hypercritical. The heat and subsequent action of the alkali must certainly destroy any prejudicial qualities the fat originally possesses. It were of more importance to know that none of this fat is used to manufacture glycerine, which is now extensively used as a vehicle.

M. B. de Perthes.

M. Boucher de Perthes, whose claim to the honor of being the founder of the new science called archæo-geology is now universally admitted, died on August 3d, at Abbeville, at the advanced age of 80. M. Boucher de Crévecœur de Perthes was the first to call the attention of the learned world to those remarkable relics of the earliest ages, the flint implements used by man before the discovery of metals. At first ridiculed as a visionary, then by slow degrees listened to with increasing interest, he at length succeded in proving to archæologists that there *had* been in Europe an age of stone; nay, he went further, and conquered the incredulity of geologists, by producing the first human jaw ever found in the undisturbed Alpine drift, showing thereby that man had been coeval with the extinct races of large carnivora that peopled Europe before the commencement of the present geological period. His valuable collection of flint implements now forms an important part of the Gallo-Roman Museum at. St. Germain.

—— The examination of Dr. Chas. P. Powers on a charge of causing the death of Mrs. Mary Abbie Bowen, by malpractice on the 5th instant, in his office at No. 8 Boylston St., Boston, resulted in his being committed for trial in default of $10,000 bail.

—— The General Hospital for the Insane of Connecticut is progressing finely. Already one hundred male patients have been received, and the wards are nearly ready for females.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy, during the week ending August 29th, 1868.

Surgeon Jno. J. Gibson, and Past Assistant Surgeon J. B. Parker, detached from the U. S. S. Desoto, and placed in waiting orders.

OBITUARY.

John Hay, M. D.

It is with deep regret and sorrow, that we are called upon to announce the death of our fellow-citizen, Dr. John Hay.

He died at his residence, on Wednesday, the 26th inst., in the 43d year of his age. Dr. Hay has been connected with the profession for twenty years, and his skill as a physician, joined with his genial disposition and kindness of heart, had won for him many warm and earnest admirers. His loss will be deeply felt in this community, both as a physician and as a friend. He leaves a wife and five children to mourn his loss.

A meeting of the medical profession was held on Wednesday evening, the proceedings of which we give below.

At a meeting of the members of the medical profession of York, Pa., held at the office of Dr. J. W. Kerr, on Wednesday evening, the 26th inst., Dr. Kerr was called to the chair. On motion of Dr. Roland, the following preamble and resolutions were unanimously adopted:

Whereas, It has pleased Almighty God, in His wise Providence, to call from earth, our friend and associate, Dr. John Hay; therefore,

Resolved, That this mournful event has deprived us of one whose honorable and generous character had won our esteem, and that while we mourn his loss, we bow in humble submission to the will of God.

Resolved, That we deeply sympathize with his family and friends in their affliction.

Resolved, That as a last tribute of respect to the memory of our departed friend, we will attend his funeral in a body.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased.

Resolved, That these proceedings be published.

Attest, W. S. Roland, *Secretary*.

York, Pa., Aug. 29, 1868.

ANSWERS TO CORRESPONDENTS.

Dr. R. W. B., of Pa.—"What is the fee in the city for the operation for the radical cure of hydrocele?" The fee for both city and country, should be $25 for a well-to-do patient.

Dr. W. H. B., of Pa.—We have made inquiries at the instrument makers about the kind of an apparatus you wish, but they do not know of any. If you will send us a design, we can have one made for you.

Dr. W. E. P., of O.—We have Mr. Kolbe to send you one of his illustrated catalogues of surgical and orthopædic instruments, containing the information you desire.

Dr. W. B. G., of Ky.—"Is there an instrument in the market for the treatment of stammering?" There are several, the best of which perhaps is that of Bates. At least it received honorable mention at the Paris Exposition. It is patented, and we know nothing from observation about it. It can, we believe, be obtained from Tieman & Co., N. Y.

Dr A. B. M. C., of Pa.—Dr. Brown-Séquard's work on Functional Nervous Diseases comes at 50 cents a number.

Drs. B. & T., of Ind.—A single copy of the January number of the Compendium will be sent you for $1.50.

Dr. N. E. W., of Miss.—We can have the Reporter bound for you at 80 cents per volume. In reference to the cryptogamic origin of intermittent fever, you will find an essay by Prof. Mitchell, published by J. B. Lippincott & Co., of this city, and several articles by Prof. Salisbury in the *Amer. Jour. of Med. Sci.* Prof. S. has not published any separate work on the subject, we believe.

An Inquirer.—We wish to state to you, and to all, that the "National Medical Association" is a band of "Eclectics" and advertising travelling doctors, the "Philadelphia University of Medicine and Surgery" an institution professing to teach "Eclectic" (so-called) medicine, which name was chosen apparently in order to lead persons to confound it with the University of Pennsylvania, while the "University Journal of Medicine and Surgery" is a little advertising sheet published by the professors of this self-styled university, to aid in bolstering it up, in order to gain some pence from poor students. We warn all regular physicians who respect their own reputations to avoid having anything to do with it.

Dr. J. H. S., of O.—"I would be pleased to hear your opinion of a case of spermatorrhœa that I have had under my care for several months. He is a young man, aged 25 years, married about six months, was somewhat addicted to onanism during the past few years, but not excessively. He attributes his disease to a strain in lifting. Present condition—considerably emaciated, appetite good, digestion not very good, great despondency, and the most of those symptoms that usually attend cases of this kind. For some time before and after marriage the emissions had measurably ceased, but recently they are becoming more frequent and exhausting. Has had but occasional intercourse since marriage, and when he has had, the erections were generally imperfect and attended with considerable prostration. Any course of treatment that you may suggest will be thankfully received, as his case has not been benefitted permanently by my best directed efforts. He has had tonics, the tincture and phosphate of iron, cum quinine, the bromide of potassium and ammonium, and frequent use of the cold bath." We would advise a complete change of air, diet, and mode of life, absolute continence, and full doses of the bromide in camphor water. The case seems an obstinate one.

Dr. G. J. W.—The question you ask about your case of fracture, whether it would not have been more dangerous, *cet. par.*, in the Eastern States, is one not easy to reply to. Undoubtedly, the dry and pure air of the western plateau is peculiarly beneficial to the wounded. But in the army we believe the statistics show little, if any difference in the result of gunshot wounds attributable to climate only.

Dr. S. H. S., of Iowa.—There is no very recent work on Epidemics. Smith and Anstie are the best we know. We can furnish you with the back numbers you want. We think that the treatment of ununited fractures by hypodermic injections of iodine around the bone (hardly *hypodermic*, are they?) is a new idea, and shall be glad to have the particulars of your experiment when completed.

Dr. J. L. H., of Va.—You can have a Higginson's Nasal Syringe made to order from a cut or description, but we can find none on hand. A nozzle of Thudichum's Nasal Douche can be had for about 50 cents.

Dr. C. G. S., of Pa.—"A young man of good general health wishes to know whether anything can be done to prevent his turning entirely white. He has spots on his body, of two or three inches square, that are white, and growing larger. Smaller spots appear on his face and arms. No pain or uneasiness." We have known at least one case similar to this—and in a lady too—where this threatened albinism was retarded for years by the judicious administration of nitrate of silver in small doses at intervals, and continued until a decided effect on the color of the skin was produced. Bathing in natural sulphur waters might be resorted to with some prospect of success.

METEOROLOGY.

August,	17,	18,	19,	20,	21,	22,	23.
Wind	N. E.	S. W.	S.	S. W.	E.	N. E.	S. W.
Weather	Clear.	Clear.	Clear.	Cl'dy Rain.	Cl'dy. Rain.	Clear.	Cl'dy.
Depth Rain.				5-10	1 in.		
Thermometer.							
Minimum	55°	60°	64°	67°	58°	63°	62°
At 8, A. M.	64	75	75	77	73	72	73
At 12, M.	75	85	84	78	76	77	80
At 3, P. M.	76	84	84	83	89	77	78
Mean	67.50	76.	76.75	76 25	74.	72.25	73.25
Barometer.							
At 12, M.	30.3	30.3	30.2	30.1	30.2	30.3	30.2

Germantown, Pa. B. J. Leedom.

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Each teaspoonful of the Elixir contains one grain of the Salt of Phosphorus and Iron, and each pint contains one ounce of Roval Calisaya Bark.

The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials, and by unprincipled persons.

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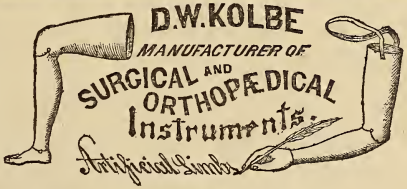

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Sept. 1st, 1868.—599—624

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In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

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The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves.

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GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

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"It has also cured my wife of dyspepsia."

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A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

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Aloes et Assafœt., U. S. P.,	$0 40	$1 75
Aloes et Mastich, (Lady Webster's Dinner Pills,)	50	2 25
Aloes et Myrrh,	50	2 25
Ammon. Bromid. 1 gr.,	75	3 50
Anderson's Scots. (See U. S. Dispensatory.)	40	1 75
Anti-Bilious (Veg.) { Pulv. Ext. Coloc. C. 2½ gr. / Podophyllin. ½ gr. }	70	3 25
Anti-Chill, { Chinoidin, 1 gr. / Ferri Ferocyan. 2 grs. / Ol. Piper. Nig. 1 gr. / Arsenic, 1-20 gr. }	1 25	6 00
Anthelmintic,	1 00	4 75
Antimony Comp.	40	1 75
Aperient, { Ext. Nux. Vom. ½ gr. / Ext. Hyoscyam. ½ gr. / Ext. Coloc. C. 2 grs. }	85	4 00
Assafœtida, 2 grs.	40	1 75
" Comp.	40	1 75
" et Rhei. { Assafœtida, 1 gr. / Pulv. Rhei. 1 gr. / Ferrum per Hydrog. 1 gr. }	75	3 50
Bismuth Subnit. 3 gr.	75	3 50
Bismuth et Ignatia,	1 50	7 25
Calomel, ½ to 5 grs.	40	1 75
" 5 grs.	50	2 25
" et Opii,	85	4 00
" et Rhei.	75	3 50
Cathartic Comp.	70	3 25
Cathart. Vegetable. { Podophyllin, Ext. / Colocynth, Virgin / Scammony, Aloes / Soap & Cardamon }	70	3 25
Chapman's Dinner Pills,	60	2 75
Cerii Oxalat., 1 gr.	1 00	4 75
Chinoidin Comp. { Chinoidin. 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperine, ½ gr. }	1 00	4 75
Chinchon. Sulph. ½ gr.	75	3 50
Cook's 3 gr. (See U. S. Disp.)	50	2 25
Coloc. Comp. 3 grs. (Ext. Coloc. Comp. U. S. P.)	80	3 75
Colocynth. et Hydrag et Ipecac.	75	3 50
Copaibæ, U. S. P. 3 grs.	50	2 25
" et Ext. Cubebæ.	80	3 75
Diuretic. { Sapo Hispan Pulv. 2 grs. / Sodæ Carb. Exsic. 2 grs. / Ol. Baccæ Junip. 1 drop }	50	2 25
Dupuytren. { Pulv. Guiac. 3 grs. / Hydg. Chlor. Coros. 1-10 grs. / Pulv. Opii. ½ gr. }	50	2 25
Ext. Valerian 3 grs.	65	3 00
Emmenagogue. { Ergotine, 2 grs. / Ext. Hellebore Nig. 1 gr. / Socot. Aloes. 1 gr. / Ferri Sulph. 1 gr. / Ol. Sabinæ. ½ gr. }	1 40	6 75
Fel. Bovinum. { Ox-Gall. 2 grs. / Pow'd Jamaica Ginger, 1 gr. }	50	2 25
Ferri (Quevenne's) 1 gr,	50	2 25
Ferri (Quevenne's) 2 grs.	75	3 50
Ferri Carb. (Vallet's) U. S. P. 3 grs.	40	1 75
Ferri Citrat. 2 grs.	50	2 25
Ferri Comp. U. S. P.	40	1 75
Ferri Iodid. 1 gr.	65	3 00
Ferri Lactat. 1 gr.	50	2 25
Ferri Pyrophosph. 1 gr.	40	1 75
Ferri Sulph. Exsiccat. 2 grs	40	1 75
Ferri Valer. 1 gr.	1 00	4 75
Ferri et Quass. et Nux Vom. { Fer. per Hydrogen 1½ grs. / Ext. Quassia. 1 gr. / Ext. Nux Vom. ½ gr. / Pulv. Saponis. ½ gr. }	75	3 50
Ferri et Quin. Cit. 1 gr.	75	3 50
" " 2 grs.	1 40	6 75
Ferri et Strychniæ. { Strychniæ 1-60 gr. / Ferr pr Hyrd. (Quevenne's) 2 grs. }	75	3 50
Ferri et Strych: Cit: { Strych: Cit: 1-50 gr. / Ferri: Cit: 1 gr. }	75	3 50

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	PRICE PER BOT. OF 100 EACH.	500 EACH
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" ½ gr.	50	2 25
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Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 187.)

III. Ophthalmoscopic Characters of the Diseases of the Choroid.

3. Irido-Choroiditis and Irido-Cyclitis.

When choroiditis is accompanied with simultaneous inflammation of the iris and ciliary body, it presents characters sufficiently distinctive to entitle it to a separate consideration, and we shall, therefore, in deference to the general custom, consider the morbid phenomena under the designations of irido-choroiditis, and irido-cyclitis—terms denotive of the complication of inflammation of the iris and ciliary body with that of the choroid.

The disease ordinarily begins in the choroid. Grafe arranges and describes it as presenting two forms; in one the iris is primarily involved, in the other it is secondarily affected by the spread of the inflammation from the choroid.

In its beginning, the iritic inflammation shows itself by changes in the form, color, and general appearance of the iris. The exudation deposited in the posterior chamber plugs up up the pupil, glues its margins to the anterior surface of the lens, and presses the membrane forward toward the cornea. The aqueous humor is diminished in quantity. The iris displays fine vascular twigs ramifying upon its tensely stretched and atrophied substance. In some instances, the iris, instead of presenting the appearances above described, is relaxed and tumid, and of a dirty grayish color.

The distension of the choroidal veins is manifested by the enlarged and tortuous subconjunctival vessels forming a circle around and just behind the circumference of the cornea. The intra-ocular pressure is increased in the first stage of the disease, but later in the progress of inflammatory destruction, it is much diminished.

The vision is much impaired, and in a much greater degree than the iritic changes seem to account for, and which is indicative of involvement of the retina. There are also present not unfrequently photophobia, and various sorts of spectra, such as sparks, flames, flashes of light, etc.

The pain is in some cases not particularly severe, but generally is exceedingly so, and presents itself in some of the branches of distribution of the fifth pair of nerves, and often assuming a severe neuralgic form and paroxysmal character.

The difficulties in the way of ophthalmoscopic examination of irido-choroiditis are very great, as the transparent media are more or less always implicated, and rendered hazy by opacities about and upon the crystalline lens, and by diffuse turbidity of the vitreous humor, which hide the fundus from view. Should the opportunity be afforded at any period in the cases, by the clearing up of the vitreous opacities, to catch a glimpse of the fundus, the characteristic appearance of the ravages of chronic inflammation in the choroid, and atrophic changes in the retina, will be apparent, and which we have already described.

The changes in the pupil and crystalline lens can best be examined by oblique illumination, when the various complications of corneitis punctata, capsulitis, and cataract may be detected.

Irido-choroiditis is caused by the same influences that induce ordinary iritis. Blows and injuries inflicted upon the eye produce in

some cases rupture of the choroid, with extravasation of blood into the vitreous humor. The ophthalmoscope will enable the observer, after the absorption of the blood and the clearing up of the vitreous humor, to make out the nature and extent of the rupture. Stellwag says that this appears especially as a small and long bright line, standing out very prominently from the surrounding fundus, which is very little changed. The rupture always lies in the posterior part of the choroid, and almost invariably on the outer side of the optic papilla, at a varying distance from it. Its axis generally stands at a right or an obtuse angle to the meridian, and is often markedly curved, and forms then a segment parallel to the entrance of the optic nerve. The origin of the color of this line is the light tendinous white color of the exposed sclerotica. Upon this are seen dirty-yellow or brownish tracings, with cloudy, indistinct edges, irregular collections of dark pigment, here and there a choroidal vessel which appears to run out of the sclerotica, and immediately to pass into the torn border of the choroid, or obliquely over the entire breadth of the line of rupture. The edges of the rupture are in spots sharp, occasionally somewhat everted, frequently strongly pigmented. In places, however, it appears jaggedly rough and reddish.

4. Glaucoma.

The pathological relation of glaucoma with irido-choroiditis indicates the propriety of considering that disease in the present connection, so as to preserve the continuity of ideas through the study of allied morbid conditions.

The disease is marked by so much irregularity, in different cases, in its mode of attack, course, and symptoms, that much discussion has arisen as to its character and seat. Some have favored a non-inflammatory theory of its nature, some have asserted that it is always inflammatory, while yet a third class have regarded the advocates of both allegations partially wrong, and maintained that it is only the latter stages of the disease which are inflammatory, its earlier course being marked by simple irritation, the result of increased intra ocular pressure. As to its seat, there has been as little accord, each of the membranes and media having been, at different times and by different observers, selected as the ground upon which the morbid action took place. We shall not enter into an enumeration even of these various views, but simply state that the prevailing tendency of ophthalmologists, at the present time, is to consider the choroid the chief and primary seat of the morbid action, and also that this action is of an inflammatory nature.

Glaucoma is marked in all its various stages, more or less, by the presence of the following symptoms: Alteration of vision, chromopsia, photopsia, limitation of accommodation, defect in the refractive media, as shown by myopia or hypermetropia; change in the convexity of the cornea, dilatation, sluggishness or complete rigidity of the pupil, anæsthesia of the cornea, greenish reflection of the fundus, pulsation of the retinal vessels, and cupping of the optic disc.

The disease in some cases begins without any peculiar prodromal symptoms; it begins in an obscure manner, and may make considerable advance before the vision is sufficiently damaged to alarm the patient as to the serious nature of the eye trouble. Usually the iris will be found altered in color and sluggish in its movements, the pupil generally dilated, the eyeball harder to the touch than usual, the vision of objects very much obscured; and the ophthalmoscope will show the optic disc cupped, the entrance of the vessels displaced to the nasal side, and the vessels presenting evident pulsation.

At this stage the disease may remain stationary or nearly so for several weeks or even months, but usually it makes perceptible progress, and the slowness of the disease is often diversified by short periods of increased or decreased action.

In other cases the inflammatory action sets in without warning, and the above mentioned phenomena are developed rapidly, in some instances so rapidly that vision has been known to be abolished in a few hours.

In all cases of glaucoma it is, however, usual to have some prodromal signs, for a

longer or shorter time, by which the invasion is foreshadowed. There is evidence of internal congestion by the enlarged and tortuous vessels upon the anterior zone of the sclerotica, giving a bluish tint to the surface; more or less pain in the eyes, often of a severe character, and radiating to the adjacent portions of the head—brows, temple, and forehead; impairment of vision, which is greatly dimmed, and the flame of a light often presents a wreath of colors around it; cloudiness of the aqueous and vitreous humor; narrowing of the anterior chamber, and often pulsation of the retinal vessels.

This set of symptoms occur again and again, and as often recede in some measure, though there is always left abnormal hardness of the globe, for several months perhaps, or longer. Sometimes the symptoms progress with remissions simply when fully developed inflammatory action sets in and runs its course. In other cases the preliminary symptoms last but a short time before the disease assumes great severity, and finally ends in atrophy of the globe.

Glaucoma is sometimes complicated with central amaurosis or cataract, and in other cases is consecutive upon some diseased action preceding it, and in both instances pursues the same course that we have already pointed out as run by primary glaucoma.

The causes of glaucoma are external injuries and operations upon the eye already predisposed by congenital or acquired rigidity, or other changes in the choroid and intra-ocular vessels, though there are numerous cases where it arises without visible cause. Though sometimes met with in adult life, it is most frequently encountered in advancing age, beyond fifty years generally.

It will be well to note here, that some observers have regarded the disease as an inflammatory condition of the ciliary muscle; not unlike a form of rheumatism that affects nerves, particularly the fibrous texture of hollow muscles, and hence the reason of the suggestion and formerly frequent practice of section of the muscle as a remedial measure.

The ophthalmoscopic characters of glaucoma can in most instances be easily made out. There are certain cases in which the fundus is obscured by cloudiness or opacities in the aqueous or vitreous humor, changes which give to it the greenish reflection that has conferred upon the disease its present name.

The peculiarities of the fundus are cupping and alteration in color of the optic disc, and the presence around the disc of a light yellowish-white ring or crescent.

The cupping of the disc is different in shape from that form of excavation that we have considered in connection with discal atrophy. It is deeper, and its sides are perpendicular, and in some cases nearly flask-shape, that is, with a margin overhanging the sides of the cavity.

The shape and size of the excavation is in proportion to the force of the intra-ocular distension and the amount of displacement of the lamina cribrosa.

In an early number of these papers we have spoken of the deceptive appearance sometimes presented by discal excavation in monocular vision. That is, instead of conveying the impression of a depression the disc's surface suggests the idea of convexity. We must be governed in our opinions as to the presence of one or other of these conditions by the position and form of the shadows cast upon the fundus, which in excavation will be in the direction from which the light comes, and in convexity of the disc, upon the opposite side.

The bending of the vessels over the edge of the cavity can be clearly marked, and in fully developed glaucoma they seem to cease suddenly at this margin as if cut short off. The point of emergence of the vessels is also pushed more or less towards the border of the disk. The arteries present the usual appearance as to size, until later in the disease they become narrowed, the veins are enlarged in calibre and somewhat flattened out by the interior pressure. Spontaneous pulsation can be detected in the veins, and if it does not exist also in the arteries it may be developed by slight external pressure upon the globe.

The color of the disc early in the case is red or blood red, according to the amount of venous congestion or extravasation of blood. Later the color changes to a gray, grayish-

blue, or tendinous white in consequence of atrophic degeneration of the nerve substance.

The occurrence of the light yellowish-white ring around the disc is a very striking feature of glaucoma, and is most clearly marked in proportion to the extent of the excavation. It depends upon atrophy of the choroid around the disc displaying the reflection from the scleorotic, ring and the tense fibres sometimes found stretching between the choroid ring and the lamina cribrosa.

5. Apoplexy of the Choroid.

Apoplexy of the choroid is rarely primary but consecutive to some other morbid condition of the membrane, such as glaucoma, posterior staphyloma and choroiditis. It may occur in various degrees from small spots to patches of considerable extent. The attack usually occur, during violent effort, as vomiting, or in some great excitement, as when a person gets himself into a rage. The person suddenly loses the power of vision in the eye affected; and if the ophthasmoscope is now had recourse to, the extravasation can readily be seen in spots or patches, as above stated, occupying the region of the macula lutea and optic disc, or further toward the ora serrata. The position of the blood should always be noted accurately, as it has an important bearing upon the prognosis of the case. In some instances the escaped blood ruptures the retina and escapes into the vitreous humor. I have in a former paper mentioned a case of choroidal hemorrhage, which broke through the retina and spread itself over the inner surface of the retina.

The extravasation will present a deep red color at its centre, and lighter shades of red towards its circumference. The retinal vessels will be seen to run over the anterior surface, a fact indicating the course of the blood as posterior to the retina in the choroidal vascular system. The color of the patches will be markedly influenced by the amount of blood poured out, and the quantity of pigment scattered in the choroidal substance, being brighter in persons with light hair and irides, and the reverse in those with black hair and eyes.

The blood often remains unchanged in color, or at least very little altered, for months and even years. By absorption, however, its color at last becomes brighter and brighter until it approaches a dirty yellowish tint, and breaks up into smaller patches often surrounded by highly pigmented rings.

Choroidal hemorrhage is sometimes complicated in its course with other serious organic changes, as retinal atrophy, maceration of pigment, or some chronic choroidal alleviation.

6. Atrophy of the Choroid.

This condition of the choroid sometimes manifests itself as a result of chronic inflammation of this membrane. At other times it depends upon an impaired state of the constitutional forces in persons whose health has been run down by exhaustive drains from the system as occur in over lactation, in low forms of disease of a febrile character, and especially in those under bad hygienic influence, as regards their food, clothing and lodging.

It almost constantly makes serious and permanent inroads upon the vision, leading in most cases to complete amaurosis. In the lowest degree of atrophy the yellowish-red reflection of the normal fundus becomes dimmed at certain parts, which in proportion as the disease advances, become lighter and lighter in color until the thinned choroid permits, in these places, the dirty gray, or yellowish-gray tints of selerotic reflection to be visible. If the alteration has occurred in the neighborhood of the optic disc, its bright yellowish reflection becomes obscured.

The pigment upon the surface and in the interior of the choroid is destroyed here and there, so that what remains presents a reticulated, arborescent or stiated appearance which, taken along with the gray or dirty white reflection of the denuded spots, form a striking and altogether characteristic picture of choroidal atrophy.

The vascular net-work both in the choriocapillaris and membrana vasculosa partake in course of time in the retrogressive changes being obliterated or diminished in calibre and number until little else of choroidal structure is left between the sclerotica and retina than the thickened, rough and opaque elastic layer,

and remnant of the pigment arranged as above described.

These alterations in the pigment are entirely different from those congenital ones found in albinism and those the result of senile atrophy; yet it must be acknowledged in regard to the latter changes that the similarity is sometimes as great as to amount to identity.

7. Colloid Degeneration of the Choroid.

Donders and H. Müller first called attention to this peculiar condition of the choroid, the former regarding it as a colloid transformation of the nuclei of the pigment cells, and the latter as a thickening and roughness of the lamina elastica. The thickened and rough condition of this membrane, according to Stelwag, "is proven to be the result of an abnormal deposit of hyaline matter, which was originally soft but became gradually hardened, and then entirely identical with the membrana limitans itself, of which it is a continuation. These deposits are at times diffuse with an undulating surface; at other times they are seen as glands, resembling segments of a sphere in shape, more or less close together, or even outgrowths resembling stalacites, which give to the eye the same impressions as grains of sand. They are generally translucent, but often contain calcareous bodies and pigment granules, which render them very turbid. They push the superjacent pigment cells forward and to one side so that their base seems ridged about with pigment, and the pigment layer attains a reticulate appearance. This alteration is very often seen in the entire extent of the membrana limitans. In other cases it is confined to individuals parts of this."

This condition has been rarely recognized in middle life, for instance, by Desmarres once in a woman of thirty with tertiary syphilis, and Liebreich, in one twenty-six, but is most always a marked change of advanced age. It progresses with extreme slowness and rarely terminates in complete abolition of vision.

Other morbid products are known to have their seat sometimes in the choroid. Tubercles have thus been seen with the ophthalmoscope isolated or in groups presenting yellowish-white, rounded or oval masses with pigmented margins. They are always associated with similar diseased condition in the lungs, are slow in their progress, and unless developed in the macula, never materially interfere with the vision.

8. Coloboma of the Choroid.

This is a congenital defect, consisting in the absence of a portion of the choroid, presenting in the ophthalmoscope an oval white patch with its inferior extremity approaching the ciliary processes, and the posterior one reaching toward the optic disc, which is, in some cases, partially involved in the coloboma. But few slender abnormally directed vessels are seen upon the elliptical spot, and some retinal branches running in the same direction. The greater number of the vessels of the optic disc are directed upwards in curved lines, while only a few slender twigs pass in the opposite direction.

[To be continued.]

IGNORANCE IN THE MEDICAL PROFESSION.

Two courses of lectures are considered, in our country, sufficient to impress the brains of young men, many of them still in their fourth or adolescent age, with enough medical lore to feed their minds through life.

These courses can be condensed to such a degree, that a person nine months (it takes more time to instruct an apprentice shoemaker) from the time he first thinks of studying medicine, may have a diploma from a State University, proclaiming that in the opinion of the faculty, he is sufficiently learned in the science and art of medicine, to practice upon any person ignorant enough to allow him to do so. The observance of the obligation with which the diploma is conferred and accepted, can be judged of by the fact that the most prominent object in the offices of many homœopaths, is the diploma of the university at which they were graduated, and from the teachings of which they seceded after obtaining titles. The greater the number of students at the present low prices, the larger the income of the professors, and the less the amount of knowledge obtained by the stu-

dents. The status of the profession is being lowered each year, by the admission into its ranks, of men who are coaxed to come from their shops and ploughs by the underbidding of schools that desire to improve their incomes and names, not by the knowledge imparted to, but by the number of their alumni.

To speak of the ignorance of a profession is likely to arouse the combative natures of the members thereof, and may produce feelings not conducive to impartial examination of the subject; still, in order to banish ignorance, it becomes necessary to expose it, and we respectfully submit a few statements (not new) to the notice of those who are capable of observing the persons who treat, as well as the patients who are treated.

After graduation, studies are not generally pursued with that avidity indispensable to obtain command over the vast field of medicine. The causes of this may be referred to discouragement, laziness, and egotism. A student may leave college abreast of science, and from want of means or lack of industry, imbibing the idea that he knows enough, takes no means for further improvement, and remaining *statu quo* whilst science progresses, soon degenerates into a routinist.

For our own amusement, we have divided physicians into three classes, the practical, theoretical, and stationary, or retrograding.

The practical start with the determination to be eminent as physicians, they search for practice of all shapes and kinds, seize every opportunity to add to their stock of special and general information, keep up with science by their observing and imaginative powers, and the use of the labors of others, are prepared for each and every emergency, and are the most successful practitioners in curing disease and in making fortunes.

The theoretical are hard students, devoted to the study of physiology, chemistry, and the kindred inductive sciences, most frequently are, or should be, teachers, they being the architects producing the laws that the practical men, as artists, apply.

These two classes are the ornaments, and will compare favorably with the learned men of any profession. They are far outnumbered by the stationary or retrogrades, men who make it a boast that they "have not opened a medical book since they graduated," in the hearing of their patients and friends; use without stint or discretion the few pedantic phrases and authorities which they may have absorbed, give "cawlomel and jawlap," or the "liver being out of order," prescribe blue mass, followed by salts and senna; when in company with physicians, seldom speak of medical subjects, or if they do, it is with a mingled leer and nudge of the elbow suggestive of being behind the scenes. These are the skeptics—men who, like Crispino, doctors in spite of themselves, pass through their medical lives upon the sentences, "I think I would give a little paregoric—a small dose of oil," or, "the patient becoming feverish, you might give a little salt to cleanse the blood." These persons, like the homœopaths, do no good; on the contrary, much harm, by the loss of valuable time in the treatment of disease—men who are specialists, not with regard to the disease they treat, but with regard to the medicine they use, who affirm that with stimulants they will cure all disorders, following their theory by giving ten ounces of brandy in cases of phthisis, but think nine and a half will do in pneumonia.

We suggest to the American Medical Association that these specialties be among those ventilated at the next assembling. Men who studied thirty or forty years ago—were well read in those days—could tell you that Macintosh bled in intermittent fever to eighty and one hundred ounces, and if that did not cure, to repeat venesection. (Scotchmen are proverbially hard to kill.) They believed it then; they believe it now. We have seen, within the last three years, extensive bloodletting in chronic diarrhœa, and have known of phlebotomy in consumption; the patients were not Scotchmen.

Is it to be wondered at, that people fall victims to liver pills, stomach bitters, homœopaths, and like quackery. We cannot purge the profession of these venerable sloths, nor can a vast number of younger modicums be got rid of until the grave covers them and their victims, but we can prevent the influx of men and boys unfitted by nature and education to occupy any rank above an hostler.

M.

Hospital Reports.

Jefferson Medical College,
Philad., May 26th, 1868.

Surgical Clinic of S. W. Gross, M. D.

Reported by Dr. Napheys.

Lithotomy a Second Time in a Young Subject.

Wm. H., æt. 10 years, born in Leeds, England, and residing in the northeastern portion of the city, was brought to Dr. Gross three weeks ago, when he presented a group of symptoms which were characteristic of urinary calculus. For about nine months he has passed his water from fifteen to twenty times during the day, and from four to six times at night. Micturition is always painful, especially at the completion of the act, and attended with great straining, during which defecation takes place, without, however, prolapse of the rectum. The stream is occasionally suddenly interrupted, requiring him to bend forward to disengage the stone from the vesical orifice of the urethra. The prepuce is much elongated, and the lad carries his hand in his pocket, and constantly pulls at the prepuce and head of the penis, to relieve the burning pain of which they are the seat. His appetite is bad; he has a pale, sallow look, and is reduced in flesh, in consequence of his long suffering. About two months before consulting Dr. Gross, he passed a small quantity of blood by the urethra. The urine is high-colored, loaded with mucus, and deposits a lateritious sediment.

At that time a sound was introduced into the bladder, and a stone detected. He has been taking a wine-glass full of an infusion of uva ursa and lupulin, along with ten grains of bicarbonate of soda three times a day, and one-sixth of a grain of sulphate of morphia at night. Under this treatment, his vesical symptoms have much improved; his appetite is better; and his general condition is such that he is brought before the class this morning to undergo the lateral operation of lithotomy.

The history of this case is of peculiar interest, in that it affords an excellent example of recurrence of calculus, the production of the second stone taking place within eight years. On the 18th of September, 1860, Dr. S. W. Gross cut this patient, he then being twenty-eight months old, by the lateral section, at the Howard Hospital of this city, and extracted an uric acid calculus of nine grains' weight. Another point of rare interest was the fact of the incisions uniting by the first intention, the urine having passed by the wound for nineteen hours, subsequently to which it was discharged entirely by the urethra. [A full report of this case may be found in this journal for Oct. 13th, 1860.]

For the purpose of relieving the lad of the stone, he will be subjected to a cutting operation, which is preferable to crushing in patients of such tender years, on account of the small size of the urethra and the greater irritability of the bladder. The bladder may be reached through the perineum, through the rectum, or above the pubes, the former route being that preferred by surgeons of the present day. The supra-pubic and recto-vesical operations, as they are denominated, are reserved for special cases, as, for example, when the stone is of such magnitude that it cannot readily be extracted by perineal incisions, and should only be resorted to in cases of emergency, although Prof. Langenbeck, of Berlin, advocates supra-pubic lithotomy in ordinary cases, and Dr. Bauer, of Brooklyn, prefers the recto-vesical incision to the more simple and perfect lateral method.

Perineal lithotomy is an operation of great antiquity, having been practised upwards of four hundred years before the Christian era. The proceedure, known as that of Celsus, although he does not appear to have resorted to it, or cutting on the gripe, consisted in making a free semilunar or transverse elliptical incision in the perineum in front of the anus, the calculus having been made prominent in this situation by the left index and middle fingers introduced into the rectum. The incisions were carried through the neck of the bladder, and the stone removed by a hook, which, along with a knife, was the only instrument used, on which account the operation was also denominated that by the apparatus minor.

This primitive practice continued in vogue, notwithstanding the great mortality which must have resulted from it, until 1520, when John de Romanis, a surgeon of Cremona, proposed, after having divided the superficial structures in the median raphé, to make use of metallic dilators, through which the membranous urethra, the prostate, and neck of the bladder could be dilated. This operation of Romanis, better known as the Marian method, from having been first described by his pupil, Marianus Sanctus, was based upon the fatal precept of Hippocrates, that all wounds of the membranous urethra were mortal. The instruments constituting the apparatus major, or Marian method, must necessarily have frightfully lacerated, instead of dilated the parts; at all events, the plan was followed by an excessive death-rate.

Tracing further the history of perineal lithotomy, in which, as has been pointed out, the semilunar incision of Celsus gave place to the median incision of Romanis, it will be found that the method of the latter surgeon was the recognized operation until the latter part of the seventeenth century, when the lateral incision, which was the foundation of the present lateral method, was introduced. For this innovation the world is indebted to Frère Jacques, who came to Paris in 1697, after having had some success at Besançon. He cut by lateral incisions the superficial structures pretty much in the same way as is done at the present day; but, in the early portion of his career, being ignorant of the precise anatomy of the parts, he divided the body of the prostate gland, the entire neck of the bladder, and a little of the body of that organ. With such wholesale division of important structures, his recoveries numbered little more than his failures; but, subsequently, after having become thoroughly conversant with the anatomy of the perineum, he met with brilliant success. Rau, Professor of Anatomy at Leyden, a cotemporary of Frère Jacques, adopted his method, and acquired a great reputation; but the merit of having happily modified and improved lateral lithotomy is due to Cheselden, of London, who introduced it at St. Thomas's Hospital in 1726, and the lateral section of the present day does not differ in any important feature from that of the distinguished British surgeon.

Of the different steps of the ordinary lateral operation little need be said, as the case about to be subjected to it, will be the eighth that you have witnessed in this ampitheatre within as many months, the sixth and seventh having been performed by Professor Gross only two weeks ago. The superficial incisions should be free and dependent, with a view to admit of ready access to the bladder, as well as facilitate the easy extraction of the stone, and the free escape of urine. The extent of the deep incisions, which include the membranous urethra, the left lobe of the prostate gland, and the neck of the bladder, should equal about two-fifths of that of the superficial sections. Made in this way, the wound represents a truncated cone, the base of which corresponds with the external perineum, and the apex with the neck of the bladder. The instruments required in uncomplicated cases are, 1st, a staff, grooved toward the left side, and sufficiently large to slightly distend the urethra; 2d, a long, slender, sharp-pointed knife; 3d, forceps of proper shape and size; and 4th, a scoop, which will be found useful to remove stones of small size, and those which break easily under the grasp of the forceps. The patient having been placed in the usual position, and the presence of the stone being assured by the sound, the staff is introduced into the bladder, and confided to an assistant, who holds it in a perpendicular position, hooking it well up under the pubic arch, and at the same time lateralizes the handle slightly to the right. The instruments being arranged in the order that they are required, on a stool or chair, to the right of the surgeon, the latter places himself in a half-kneeling posture, or sits in front of the perineum, the floor being protected by a piece of old carpet or rubber cloth. Introducing his oiled left index-finger into the rectum, with the double object of fixing the position of the staff and inducing the gut to contract, the operator plunges the knife freely into the perineum, one inch and a quarter above the verge of the anus, and a little to the left of the raphé, and carries it downward and outward, dividing in this way the skin, subcutaneous areolar tissue, and superficial fascia, until it terminates just below the tuberosity of the ischium, and a little nearer to that projection than to the anus. In the present case this incision will not exceed sixteen or eighteen lines. Introducing the tip of the left index-finger into the upper angle of the wound, the point of the knife is carried along the nail, and, by successive touches, the transversalis muscle and its artery, along into some fibres of the levator ani muscle, and the triangular ligament are divided. The finger then searches for the groove of the staff in the membranous uretha, which is opened for the insertion of the finger nail, which serves to guide the knife in making the third and last section, while the finger protects and pushes the rectum to the right side. The knife being in the groove, the handle is depressed so as to raise the point, which is never allowed to leave the groove, and at the same time the blade is lateralized, so that it lies parallel to the ramus of the ischium, or corresponds to the external wound, and by a steady thrust forward, the left lobe of the prostate, and a small portion of the neck of the bladder are divided. The knife is now withdrawn, care being taken to keep its back against the groove of the staff, thereby avoiding prolonging the prostatic incision; the finger is carried on into the bladder, where it usually at once comes in contact with the concretion, when the staff is removed. The forceps are next slipped along the finger into the bladder, and when they touch the stone, the blades are expanded over it, in the direction of its long axis, and extraction

is effected in the direction of the axis of the pelvis, by slow and gentle to and fro movements. The calculus having been removed, the finger is again introduced as a searcher to detect the presence of any other stone, and if none be found, the bladder is washed out with a stream of tepid water from a large syringe, in order to effect riddance of any fragments. The operation being thus completed, an opiate is administered, and the patient is put to bed; care being taken to protect his person and the bedding by a piece of oiled cloth and a folded sheet, which is to be changed as often as occasion requires. The diet should be plain and unstimulating; an abundance of demulcent drinks should be allowed; his position, provided it be recumbent, need not be restricted, and a tube introduced into the bladder through the wound may be dispensed with.

It is fortunate that lateral lithotomy is so successful an operation in children, since nearly one-half of all calculi occur before the tenth year, and about one-third before the seventh year. The rate of mortality in young subjects does not exceed five or six per cent.;, a far better result, consequently, than is obtained from any other capital operation. Performed much in the same manner as in adults, there are certain difficulties and dangers attending lateral lithotomy in children, which should be constantly borne in mind. These are,

1st. Difficulty in opening the bladder. In adults extraction of the stone is the most difficult step of the operation, while in the class of subjects under consideration getting into the bladder constitutes a real and very serious difficulty, a difficulty, it may be mentioned, upon which no less a surgeon than Sir William Ferguson dwells with great force. In children the urethra is small, the prostate is a rudimentary organ, the bladder is very mobile, and all the tissues are more yielding, and more readily lacerable. Great care must, therefore, be taken when the groove of the staff has been reached, to hook the finger-nail into the opening of the membranous uretha to give it support. Unless this be done, it may be torn completely across, and the neck of the bladder be pushed deep into the pelvis, beyond hope of the finger reaching the interior of that viscus.

2d. The bladder may be missed entirely. Bearing in mind that the bladder of children is more of an abdominal than a pelvic organ, it may readily be imagined that in making the deep incisions, unless the handle of the knife be well depressed toward the lower angle of the superficial wound, through which manœuvre its point is well raised and kept in the groove of the staff, it may pierce the prostate, and even open the bas fond of the bladder beyond, which it will be almost certain to do, if the section of the prostate be made by thrust directly forward. The urethra having been opened, and followed by the escape of urine, the surgeon endeavors to pass his finger into the bladder, but instead of this, in virtue of the parts being very yielding, the finger passes into the loose areolar tissue of the recto-vesical space, or between the neck of the bladder and the pubes. In this way a distinct cavity is formed, in which the finger moves with great freedom, and which is believed to be the interior of the bladder, but the surgeon, to his great surprise, fails to detect the concretion. Operators of skill and experience have made this mistake, and it is particularly liable to happen to the young surgeon in his first case. The occurrence of cases in which it is reported that the bladder was opened and no stone found, can be accounted for in this way; and Dr. Gross once assisted a gentleman who committed this error, but the stone was removed by a second operation a year subsequently. To avoid slipping into the recto-vesical space, therefore, be careful in making your deep incisions, to raise the point of the knife more than in the adult; to cut up, as it were, toward or into the abdominal cavity, the blade being at the same time lateralized, so that its side is parallel to the ramus of the ischium.

3d. Although the urethra of children is comparatively small, yet it will generally admit of the passage of a No. 7 or 8 staff; but there is danger of making a false passage, unless great care be used in its introduction. If the staff be so large as to require much force to pass it, it may perforate the membranous urethra, and slip to the recto-vesical space, instead of the interior of the bladder. Forcible efforts, indeed, may separate the urethra from the prostate. To guard against these dangers, the size of the staff should be such that it will only moderately distend the urethra; and the operation must never be commenced unless the instrument has been brought in contact with the stone, and elicited the peculiar click.

Lateral lithotomy in infants and young children differs from the operation in adults, in regard to the extent of the incision in the prostate gland. In the latter class of subjects, great care must be paid lest the entire left lobe be divided, for if its base be cut, the reflections of the pelvic fascia will be opened, and permit the urine to escape into the subperitoneal tissue, thereby causing

an acute inflammation, known as pelvic cellabitis, which is a frequent cause of death. In children, on the other hand, the gland is so diminutive as to require division of its entire length, to admit of the introduction of the finger or forceps, and the subsequent extraction of the stone. Although this procedure is usually free from danger, yet it is well to bear distinctly in mind that urinary infiltration may occur; but this accident may be avoided by tearing with the finger the very yielding and lacerable tissues of the impubic prostate, after the membranous urethra and the apex of the gland have been opened by the knife. The pelvic fascia is easily cut, but hard to tear, and offers a mechanical obstacle to the finger, after the prostate has been lacerated.

The dangers of cutting for stone in children are the same as those met with in adults, namely, hemorrhage and wound of the rectum. The transverse perineal artery, which is always divided, rarely gives rise to troublesome bleeding, and may be readily secured by ligatures, if required. The artery of the bulb, with proper care, should be free from injury, but it may be wounded, if the upper angle of the wound be commenced too high up, or if the surgeon be in too great a hurry to enter the groove of the staff. In the event of its division, it will usually not require attention until the completion of the operation; but as it readily retracts into the surrounding tissues, and lies deeply, its ligation is by no means easy, although it is best effected by a thread carried around it by means of a curved needle grasped by Physick's forceps. The internal pubic artery may be injured if the knife be too much lateralized, or carried too far outward under the ramus of the pubes. It also may be secured by the curved needle, and the hemorrhage may be at least temporarily arrested by digital compression made upon the main trunk, as it lies under the cover of the ramus of the ischium. For the effectual control of the bleeding, however, the wound will require to be plugged at the completion of the operation, and this is effected through the canule à chemise. The prostatic plexus of veins, which, when wounded, give rise to serious trouble in persons of advanced years, never emit much blood in young subjects, and do not therefore demand attention.

The rectum is exposed to danger in all of the perineal operations of lithotomy, and in this respect the median presents no superiority over the lateral method, although it is claimed by the advocates of the former procedure that the gut is less liable to be injured. The wounding of the rectum is rather a source of inconvenience and annoyance, than of danger, as it results in the formation of a fistule, which is difficult of cure, and permits the urine to escape partly by the anus. This accident may arise during the third step of the operation, or during the division of the left lobe of the prostate and the neck of the bladder. Hence it is indispensable to have the rectum empty, as a preliminary precaution, and for this purpose a dose of castor oil should be administered on the evening before the operation, to be followed, in the morning, by a laxative enema. The left forefinger protects the gut when the deep incisions are made, by depressing and pushing it over toward the right side.

Dr. Gross next described the bilateral, median, and the medio-lateral operations, the latter being performed on the rectangular staff of Professor Buchanan, of Glasgow, and expressed the opinion that the lateral procedure, in addition to being the most succesful of all, was so perfect that it left nothing to be desired in the way of a cutting operation. He does not consider that the median possesses any advantages over the lateral method in children, as the chances of wounding the rectum are about equal in both procedures, while the risk of wounding the bulb, which would be followed by as much bleeding as division of its artery, is infinitely greater in the former.

The boy having been placed under the influence of chloroform, the stone was first detected by a sound. The lateral operation was then performed, the incisions being made in the cicatrix of the former operation. An oblong uric acid calculus, fully one inch and a quarter in length, and half an inch in width, was extracted, and Dr. Gross remarked that the first operation appeared to have arrested the development of the left lobe of the prostate gland, as it was not more than half as large as the right lobe.

One-sixth of a grain of sulphate of morphia will be given hypodermically, when the patient comes from under the influence of the anæsthesia. Previous to the operation his general condition was much improved by appropriate treatment; his rectum had been emptied; and he had retained his water for at least three hours, to insure the presence of two or three ounces of fluid in the bladder. In the event of the patient being unable to retain his urine, several ounces of tepid water should be thrown into the bladder, as it is highly essential to the safe and proper performance of the operation, that the bladder should contain several ounces of fluid.

The urine will flow by the wound for the next twenty or thirty hours, when it will be evacuated

by the natural channel for a few hours, in consequence of the tumefaction of the edges of the wound. When this has subsided, it will again take its original course, and continue to flow by the wound until its deeper portions close by the granulating process, which will require a period varying from ten to fifteen days. The entire wound, in young subjects, may be expected to have united in from sixteen to eighteen days. In the first operation on this patient the wound had closed on the sixth day; but so happy a result is not, as a rule, to be anticipated. At the expiration of three or four days, the bowels will be opened by a dose of castor oil; but beyond this, medication will be unnecessary, except the exhibition of anodynes, if required.

Editorial Department.

Periscope.

On the Use of Grimault & Co.'s (Chemists of Paris) Pulverized Syrup of Horse-Radish, as a Remedy for Chronic Bronchorrhœa, Lymphatism, and Scrofula.

By Dr. Petit.

The extreme infatuation in favor of the various kinds of cod-liver oil having somewhat subsided, those who hold a sound and judicious opinion of its advantages and inconveniences have some chance of being heard.

Without wishing in any way to disparage the cures effected by this medicine, we can truly assert that many persons cannot keep it on their stomachs, and a still greater number support it with great difficulty, notwithstanding all the efforts that have been made to remove or mask its disagreeable taste. In these cases, which are very frequent, the physician is glad to have at his disposal an efficient medicine as a substitute, or adjuvant for cod-liver oil. Grimault's iodized syrup of horse-radish is such a desideratum.

This excellent preparation, which combines the elements of the antiscorbutic syrup of the officinal pharmacopœian horse-radish, scurvy-grass, marsh-trefoil cress, and orange peel, to which is added one ounce of iodine for every two hundred ounces of syrup, and in a state of organic combination analogous to that which exists in cod-liver oil, is calculated to produce in all cases the most satisfactory results.

I have prescribed it for many years past, and I can affirm that it has not disappointed me in the various manifestations of scrofula, such as swelling of the glands, impetigo of the face, chronic coryza, etc. Its efficacy has always appeared to me undeniable, especially in certain affections of the respiratory organs, more particularly in chronic bronchitis, in which it has produced the most rapid and lasting amelioration.

In bronchorrhœa, when there is considerable secretion, under the influence of which patients soon grow thin and lose all appetite, the use of Grimault's iodized syrup of horse-radish, in daily doses of three or four tablespoonfuls, has a most beneficial effect.

Under the influence of this medicine, a favorable modification in the nature of the fluid secreted is soon evident; from being purulent and muco-purulent as before, it becomes mucus, then decreases in quantity, and if not entirely, especially in the case of elderly persons, it becomes insignificant, and the patient expectorates only a little phlegm on awaking in the morning. The appetite soon returns, and the excessive perspiration ceases.

The opinion here expressed is in reality the results of very numerous cases in my private practice, which justify me in drawing the following conclusions.

Whenever cod-liver oil is taken with excessive repugnance, or with difficulty borne by the patient's stomach; when, in children especially, it causes diarrhœa, the iodized syrup of horse-radish will be found an advantageous substitute.

In the treatment of glandular swellings and suppurations, the iodized syrup of horse-radish is always more successful than cod-liver oil; only in the case of juvenile patients, we always insisted on their taking twice a day a basin of good broth, eating after each a slice of bread and butter, sprinkled with salt.—[*Extract from the "Tribune Medicale," of the 1st March*, 1868.

Bromide of Potassium in Morning Sickness of Pregnancy.

Dr. D. W. Hodgkins, of Waldoboro, Maine, (*Boston Med. and Surg. Journal*, April 9, 1868,) reports the following case.

Mrs. A. M., fifth pregnancy. Everything went on well until about the sixth month, when she began to have attacks of nausea and vomiting. These attacks increased rapidly in frequency until the nausea became constant. There was a loathing of all food, and if any was taken, it was soon rejected. This condition, after a short time, was accompanied with severe cramps in the limbs and bowels. All the ordinary means for relief were tried successively, but without avail. She became so reduced as to be unable to sit up but a small portion of the time, or to walk across her room without assistance. In this condition,

the induction of premature labor seemed the only means to save her life. But before resorting to this, I concluded to try the bromide of potassium, and accordingly ordered the following:

℞. Bromidi potass., ℥ss.
Aquæ font., f.℥iv. M.

S. Dessert spoonful once in two hours.

At my next visit, I found all nausea gone. (She had taken the medicine three times in twelve hours.) It did not return again to the same extent, being easily checked by a dose of the medicine. From the taking of the first dose until the end of her term, she never vomited again, but was able to take even hearty food, and gained rapidly in strength. The cramps, which had caused so much suffering, ceased entirely, and she went to the full term without an unfavorable symptom. She was delivered of a fine, healthy boy, and both mother and child did well.

Treatment of Nævus.

The *London Lancet* contains the following successful cases of this troublesome affection:

The first of these cases was a little girl about two years old, who had a large nævus, shaped somewhat like an officer's epaulette, upon the left shoulder. It had already received treatment of two kinds. Nitric acid had been applied on the surface with the effect of obliterating to a great extent the cutaneous portion of the nævus. On two occasions Mr. Holmes had treated the subcutaneous portion by ligature, which had been very successful in remedying the deformity. There were still, however, a great many points at which the nævus tissue was still very evident, and these he had determined to treat by the actual cautery. For this purpose he employed the highly ingenious instrument invented by Mr. Wordsworth. As our readers may remember, this consists of a steel needle, which is expanded about half an inch from its point into a good-sized bulb. The instrument is brought to a white heat by means of the blow-pipe acting on the flame of a spirit-lamp. The effect of the bulb is to store up heat, so that the needle, which without this provision rapidly chills, is kept hot a sufficient period for it to be applied a dozen or more times to the tissue. In the present instance the utility of the instrument was well marked. The nævus was pierced in ten or twelve places, without the necessity of fresh exposure to the flame.

The second case was that of a young infant, with a nævus on the face, near the outer angle of the right eye. On a previous occasion Mr. Holmes had treated this by the method recommended by Mr. Teale, of Leeds, viz., dissecting off flaps, and enucleating the structure. The subcutaneous portion had been completely remedied by this treatment; but the nævus tissue had spread to a certain extent cutaneously. Wordsworth's cautery was applied to this in three or four places. Mr. Holmes remarked that the actual cautery by white-hot needles, was a most valuable method of treating nævi on the face. No irritation or suppuration was set up, nor was there afterward the disfigurement which is necessarily caused by nitric acid, which produces, as is well known, a mark of pock-like character. The ingenious cautery employed enables this method to be carried out without difficulty.

Open Cancer.

We learn that the exquisite pain which belongs to open cancer is found to be best relieved by the stramonium ointment, which is employed in London. The following is the formula: Half a pound of fresh stramonium leaves, and two pounds of lard. Mix the bruised leaves with the lard, and expose to a mild heat until the leaves become friable, and strain through lint. The ointment thus prepared is spread upon lint, and the dressing changed three times a day.

Swallowing of a Fork, Perforation of Stomach and Escape through Abdominal Walls.

The Paris correspondent of the *Medical Record* says:

"A most remarkable case of traumatic abscess is reported in the *Medical Gazette* of Strasburg, as occurring in an insane asylum at Zutphen. The patient was a woman 64 years old, affected with lypemania, who had swallowed a silver fork for the purpose of committing suicide. She was received into the asylum two days after accomplishing this feat, and the physician had no difficulty in detecting the foreign body in the stomach. The teeth of the fork were in the cardiac portion, directed upward and forward, the handle lying backward, in the pyloric extremity. The patient complained of no pain, only a sensation of weight and oppression at the stomach. During the first days, she was submitted to entire repose, severe diet, and expectation. A slight febrile reaction gradually established itself, and the patient at last complained of pain in the left epigastric region. These symptoms continued without aggravation during three months, and then gradually subsided. At this time the teeth of the fork disappeared from the place where for so long they had been plainly

perceptible, and instead was discovered a singular tumor in the abdomen, to the left of the umbilicus, which occasionally had the air of a gravid uterus at four months. It was impossible to decide upon the nature of the contents of this tumor, in which no sign of the fork could be perceived. The pain was trifling; the pulse at 72; stools easily obtained by enemata. A slight febrile reaction occurred later, but the digestion always remained undisturbed.

Five months later, the tumor, which till then had been quite round, began to point. The abdominal walls were not adherent. In the course of the following month an abscess formed; the integuments gradually reddened and thinned, and the tumor opened spontaneously, and gave issue, first, to a small quantity of pus, then to liquid fæcal matters. About a week later, at the morning visit, the physician was surprised at perceiving the four teeth of a fork behind the abdominal wall, close by the fistulous opening. By prudent manipulation, it became evident that the foreign body was only retained in place by the integuments, and in effect, after a couple of lateral incisions, the fork was easily extracted in the perpendicular direction that it occupied to the abdominal wall. The handle was entirely surrounded by extremely fetid fæcal matters; a great number of crystals of phosphate of lime covered the teeth of the fork, which had turned black from a coating of sulphate of silver.

The patient, who during the last days had suffered a good deal of pain, was immediately relieved after extraction of the fork. The fistula was simply dressed, and healed without difficulty, a firm cicatrix being established by the end of a month. For some time longer, the neighboring parts remained infiltrated, but even this infiltration gradually disappeared, and the patient was completely restored to health.

As the tumor had always remained on the left side of the abdomen, it seemed evident that the fork had not traversed the length of the intestinal tube, but passed directly from the stomach into the transverse colon, after an adhesive inflammation had established solid connection between the two organs. It was inferred that the crystals of lime salt had been deposited on the teeth which had arrived in the colon, while the handle still remained in the stomach.

It is extremely remarkable that the general health was so slightly deranged by the ten months' sojourn and peregrinations of a foreign body in the stomach and intestines. Perhaps the mental alienation of the patient may be presumed to have blunted the general physical sensibilities, a circumstance frequently observed in the pathology of the insane."

Paper Mills and the Public Health.

The Board of Health in Louisville have been examining a complaint filed against a paper mill on the score of its being prejudicial to the public health. The examination acquitted the mill of any such effect, and elicited one or two important facts which have a general interest.

On the day that the committees visited the paper mill, that portion occupied by what is called the fourdrinier, invented by Mr. Robert, a workman in Mr. Didot's establishment at Essonnes, was not running. But as there was no complaint of this part of the mill, and as it was not charged with offensiveness, the committee confined their observations in this department to the operations for bleaching the pulp. The source of the complaint was the odor arising from the great improvement in paper making by boiling the cotton and linen rags with caustic soda, in a steam boiler, sustaining a pressure of fifty pounds to the square inch. The only wool used in this process is that contained in such articles as muslin-delaine, which is a mixture of cotton and wool, and even this is rarely used, and only in small quantities when used. The old process for preparing these rags subjected them to heat und fermentation for many days, by which a putrefactive condition was produced, and this was inimical to health, because of the putrefaction of the vegetable fibres: but in the new process, in which a few hours do the work, formerly requiring many days, putrefaction is not possible, and there is nothing in any of the materials or processes of the new method capable of producing sickness. Neither the soda, the steam, nor the condition of the rags when they come from the boiler, contains anything injurious to health. Science teaches this positively, but in addition to this, the men employed in attending to these operations are remarkably healthy.

One of the incidental questions connected with the subject is whether an æriform body, offensive to the sense of smell, must be unwholesome to the human constitution. There is a prevalent opinion of this kind in popular apprehension, but accurate observation has determined that there is no foundation for the opinion. It would be as reasonable to suppose that all offensive objects to the eye, or all offensive impressions upon the ear, or upon the area of taste or touch, must be unwholesome, as that offensive odors acting upon the sense of smell must be unhealth-

ful. Physiologically, any of these is as probable as the other. As a general rule, offenses to the senses are disagreeable, but not unwholesome, and in this, nature has fully expressed her wisdom, for had she made a law that whatever is disagreeable to the senses shall be unwholesome, not only the human family, but the entire kingdom of mammalian life, on which human life is dependent, would be strangers to health, Ærid vapors, possessing odors, such as nitric and sulphuric acid, may irritate the lower portion of the nostrils, on which nerve-force from the fifth pair of nerves is distributed, but the olfactory apparatus, high up in the nose, receiving its nerves from the first pair, does not participate in this irritation.

Reviews and Book Notices.

Transactions of the Medical Society of the State of Pennsylvania, at its Nineteenth Annual Session, June 1868. Philadelphia, 1868. 1 vol. 8vo., paper, pp. 248.

These Transactions manifest a continued and lively interest in the maintenance of the state and county medical organizations. There are reports from eighteen counties, some of considerable fulness and containing matter of scientific value.

The Alleghany county society reports the prevalence of whooping cough, and speaks favorably of its treatment with bromide of potassium and ergotin. The Berks county society speaks favorably of bromide of ammonium in the same disease, and also of vaccination, which is said in some cases immediately to have arrested the disease, in others to have greatly ameliorated its symptoms.

Erie county makes its first report, largely geographical and geological. Dr. Reichard, of Lehigh county, narrates three cases of long standing chronic ulceration of the inferior extremity cured by the use of pills of iron and iodoform, to which his attention had been called by an article in the Reporter. Luzerne county contributes a geological map with sections and a clear description of the terrene features of the district.

Montgomery county is always progressive. It reports that "the abandonment of the bandage in parturient women rapidly gains favor with the professsion in our Society;" and further that "the division of the umbilical cord without ligation has been practised by a number of our members and is by them highly extolled. Hemorrhage always ceased in a few minutes, not more than a few drachms of blood being lost in any case."

Two original essays are appended, one on Food for Infants, by Dr. Hiram Corson, the other on the Diagnosis of Spinal Arthro-chondritis, by Dr. B. Lee. In the former, Dr. Corson maintains that cow's milk *undiluted* is the proper food for infants who do not nurse. He asks how much milk will a child take when between one and two months old? No doubt many of our readers will be at a loss to answer without some thought. He replies, often more than a quart, and this he asserts should be given fresh and of full strength. His advice is reasonable and well worth attention. It may be the means of reducing the terrible figures of infant mortality which we quoted some weeks ago in such numbers.

Transactions of the Indiana State Medical Society at its Eighteenth Annual Session, 1868. Indianapolis, 1868. 1 vol., 8vo., paper, pp. 173.

A number of valuable papers are contained in this volume. Dr. Hersey contributes one carefully prepared on the question of the Biliary Function. Dr. Geo. Sutton and Dr. Field one each on Cholera; a report on Surgery, including many cases, is compiled by Dr. W. Lomax. Dr. Parvin gives an extract from a long essay on Diseases of Females; and Dr. G. W. Mears a practical article on Placenta Prævia, recommending the use of the tampon.

The article which we hope will excite the most attention is that of Dr. H. P. Ayres, on Indiana's Idiotic Children. Dr. Ayres is already favorably known to the profession by his article on idiocy in the thirteenth volume of the Trans. of the Amer. Med. Association, and is peculiarly qualified to point out the advantages of a State institution for feeble minded children. He paints in strong and true colors the need of such an establishment in Indiana, and his representations certainly cannot be disregarded. We hope and expect the legislature at its next session will take some action on the matter, and make an appropriation for an object so eminently praiseworthy, and indeed necessary.

The Physician's Visiting-List for 1869. Philadelphia; Lindsay & Blakiston.

The Visiting Lists of this energetic firm are very popular in the profession, and the fact that the next will be the eighteenth year of their publication, is sufficient proof that they are judiciously prepared. The only new feature we observe in the present edition is a catalogue of American and British medical periodicals, with their prices.

Vesico-Vaginal Fistulæ from Parturition and other Causes; with Cases of Recto-Vaginal Fistulæ. By Thomas Addis Emmet, M. D., Surgeon-in-chief of the New York State Woman's Hospital. New York: William Wood & Co. 1868. 1 vol., 8vo., cloth, pp. 250. For sale by Lippincott & Co., Philadelphia.

The author's long experience as assistant, and then as chief Surgeon, in an institiution particularly designed for the reception of such cases as are described in this volume, is a sufficient guarantee of its thoroughness and value. Up to October last about two hundred and seventy cases had been under his care, the great majority of which, we are glad to add, were very much benefited by the treatment under which they were placed.

After some preliminary chapters on the instruments required in the operation, and on the details of the operation itself, Dr. Emmett proceeds to illustrate the various kinds of lesions which are classed as vesico-vaginal fistulæ. These are fistulæ from laceration of the cervix, involving a portion of the base of the bladder, those with partial or complete atresia vaginæ, those with entire loss of the base of the bladder, the cervix uteri and the uretra, and finally cases of recto-vesico-vaginal fistulæ.

The details of seventy-five cases are given, embracing a great variety, of the injury and specimens of all its forms. Some thirty-five wood cuts are added, which are not all very well executed, nor quite so clear as a little more work would have made them. The printing is by the Bradstreet press, and the general appearance of the book satisfactory.

Goff's Combined Day-Book, Ledger, and Daily Register of Patients. For the Use of Physicians. 4to., pp. 328.

The want of a simple and accurate method of keeping accounts often puzzles physicians, who are often exceptionally poor book-keepers. This work is intended to avoid the difficulty, by furnishing a book ready ruled, paged, and with appropriate headings and full directions. It is published by Mr. George P. Goff, of Washington City. We ourselves have been using Rihl & O'Connor's Diary and Account Book, which we find satisfactory. On comparing it with Mr. Goff's, we must admit that the method of the latter is somewhat more simple, though perhaps, as a natural consequence, not quite so complete, His plan is to open a debit and credit account with each patient, in the usual form of book-keeping by single entry, each account occupying thirteen lines down the page (for the balance and the twelve calendar months), and thirty-one lines (ruled in red) across the page, for the days of the month; additional columns being given for debit and credit, date, and remarks. An index of names is given at the commencement, and a rather complicated table of signs for keeping a record of the patient's cases. There is space in the book for about eleven hundred patients, the accounts of three being placed on each page.

The paper is clean and good, the ruling carefully done, and the book substantially bound. We have heard some gentlemen, who are using it, express their entire satisfaction with it, and, we doubt not, it will be found very well adapted to its purpose.

Atlas of Venereal Diseases. By A. Cullerier. Translated from the French, with Notes and Additions, by Freeman J. Bumstead. Philadelphia: H. C. Lea. 1868. 4to. Part IV. *Price* $3.00.

The coloring of the plates of this part of Cullerier's Atlas pleases us better than in previous numbers. It is less brilliant, and consequently more natural. The present number—next to the last—treats of chancres and their complications, and commences the chapter on secondary syphilis, describing the prodromata and several of the earlier syphilides. We look with interest to the completion of this handsome work, and hope it will meet with a generous support from the profession.

Epidemic in Ceylon.

A epidemic of a serious and fatal character, similar to that decimating the Mauritius, has been raging for some time amongst the natives in the western and north-western provinces of Ceylon. According to most accounts, the state of misery of the inhabitants is almost beyond description; large numbers dying without any or proper attention. A writer in a local paper says that, in five miserable huts close to each other, he found nine cases of fever, and another account states that, in one small village, with a population of five hundred, only a few miles from Columbo, two hundred and ten were ill with fever, and there had been eight deaths in one week. The epidemic is attributed to various causes. Money has doubtless not been so scarce for many years back among the native community as it has been during the last few months, since the completion of the railway, and many are now in the greatest destitution.

—— Professor Fick, of Zürich, has accepted an invitation to the chair of Physiology in the University of Würzburg.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 12, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE BRITISH MEDICAL ASSOCIATION.

This excellent Association, the proceedings of whose late meeting at Oxford we have already given in brief to our readers, deserves to be more prominently brought before the profession of our country. Its objects are defined to be the promotion of medical science and the maintenance of the honor and interests of the medical profession. In its organization it has some peculiarities. It is governed by a Council composed of the officers of the Association and members elected by the various District Branches at the rate of one member of council for each twenty members of the Branches.

The duties of the Council are to present a report to the Association at its annual meeting, to nominate a president, to select a place of meeting, to propose gentlemen to read addresses, and generally to lay out the business at the annual meeting. Ten members of the Council and the officers of the Association compose the Committee of Council which manages the affairs of the Association in the intervals between the general meetings, and direct the publications of the Association meeting for this purpose at least twice a year.

The subscription price is one guinea a year, and if it is not paid for three years the member is dropped. Any qualified medical practitioner of good standing, recommended as eligible by three members, is admitted. The District Branches are left free to govern themselves as they see fit, providing they do not violate any fundamental laws of the Association.

A medical benevolent society is attached to the Association, and as a medium of communication the *British Medical Journal* is published weekly in London, conducted by a paid editor appointed by the Committee of Council. Transactions are also occasionally published, and a Journal of Proceedings is published daily during the sessions of the general meeting, giving a roster of officers of the Association and of sections, time and place of meeting, papers to be read, etc.

The tone of the British Medical Association is in the highest degree dignified and catholic. A warm feeling of professional courtesy and kindliness is fostered by its reunions, and a liberal spirit marks its proceedings. Distinguished professional merit in other lands meets full and prompt recognition. It gives us pleasure to insert the following extract from the *British Medical Journal*, the official organ, in illustration of what we have just said:

"'And to see the dear old things almost fall into each other's arms,' said one lady, who had been witnessing the first greetings, in the courtyard, of old friends from far distant places. Yes, that is certainly one of the sights, one of the meanings, of this meeting—the making and the renewal of friendships, the grasping of hands, and the mental estimation of the personal qualities of men whom one had hitherto known only on paper. And to this meeting, as of use, men came from afar. There was a visitor from Cape Clear, and one from Land's End, and from all the great cities and provinces of the three kingdoms. At this meeting, also, there was a larger sprinkling than usual of foreign visitors; and to some of them—Duchenne de Boulogne, Marey, Gross of Philadelphia, and others—special honors were paid. Their presence was very welcome; we hope to have an increasing number of foreign guests at our annual reunions. They brought to us not only the pleasant international sentiment which attached to their mere presence, but scientific contributions of value. We have every reason to hope that they carried away with them agreeable impressions. If not, we shall submit very cheerfully to their criticisms. Something they may have to say, perhaps, of overflowing hospitalities, and of a pervading spirit of holiday-making, little consonant with sober workday science. But they surely felt that they were heartily welcomed; and they did much to testify their own good will. Professor Gross expressed the wish of the American Medical Association to receive a return deputation, in recognition of those which have now been welcomed at our

meetings. The principle was accepted with acclammation. Nor need we doubt that the delegates would receive a right hearty welcome, and would be amply repaid for the journey. But it may not prove easy to find, as delegates, members adequate to the task of representing the Association, and who would have the wish and the facilities for crossing the Atlantic at the proper time. But the Association is large, and there is time for volunteers to think over the matter."

Notes and Comments.

Sale of Medical Books.

Messrs. Martin Bros., auctioneers, of this city, expect to sell one or more medical libraries, including a number of rare French and German works, and recent American and English publications. Virchow's *Handbuch*, 8 vols.; Sprengel's *Geschichte der Medicin*, 8 vols.; Valleix' *Guide du Medicin Practicien*, 5 vols.; Lanzoni's *Opera Medica*, 3 vols.; Hecker's *Literatur-Geschichte der Medecin*, 3 vols., are among the foreign works we noticed destined to come to the hammer. Many late editions are in the lots, and a fine opportunity is offered to buy good books cheap. Catalogues will be sent post-paid from this office on application, and commissions executed for five per cent. A number of works in general literature and science will be sold at the same time, which will be about the end of October.

Prizes Offered.

The Council of the Society of Arts, of London, offers three prizes, consisting each of a silver medal and £10, for the following subjects: 1, an improved method of conveying meat by rail; 2, an improved method of conveying milk by rail; 3, an improved railway milk-can. The objects in view are to reduce to a minimum the changes of temperature and the exposure to handling, dust, etc., to which meat is subjected; and to reduce the liability to heating and churning of the milk.

The "Caustic Ligature."

M. Vallette, of Lyons, recommends strongly that, in treatment of erectile tumors by the multiple ligature, a seton, impregnated with chloride of zinc, be passed through the strangulated mass. Fifteen or twenty hours afterward, he cuts down on to the subcutaneous caustic seton, and removes it, introducing a further quantity of caustic, if necessary. He says that this method is much less painful than the simple ligature, and more efficacious than it, or than the treatment by caustics only.

The Epidemic in the Mauritius.

From the *British Medical Journal* we learn that in spite of more favorable weather, the fever does not disappear. The general mortality in town and country, and especially in the latter, has certainly diminished; it is, however, far greater than it ought to be, and particularly in Port Louis, where the death-rate is 10 per cent. per annum. The population of the whole island was 340,000 last year, and the mortality over 41,000; yet, notwithstanding this enormous fatality the authorites kept squabbling in a most disgraceful way. The Fever Inquiry Commission have appointed a sub-committee, including three medical men, to prepare a concise report on the evidence already obtained, which should have been collected in an useful form long ere this. A letter in the *Times* of Wednesday, dated Mauritius, July 16th, gives a fair idea of what troops living there at present have to undergo. In the case of the troops landed there by the *Tamar* eight months ago, there were of Royal Artillery thirty officers and men; Royal Engineers, thirty-three officers and men, four women, and eleven children; and the 86th Regiment complete. Of the Artillery, every one has had the fever; fortunately, there have been no deaths as yet. Of the Engineers, every one has had the fever; three men and two children have died. Of the 86th Regiment, more than two-thirds have had the fever; seven men, six women, and thirty-eight children have died. Again, in the 32d Regiment, the admissions to hospital from fever among the men during the last two months have amounted to 25 per cent. of the total strength; six of these men have died, and this during the cold season in Mahébourg, supposed to be the most healthy quarter in the island.

Inspection of Meat.

Dr. Edwin M. Snow, the Superintendent of Health of Providence, R. I., to whose intelligent labors in the domains of statistical and sanitary science we have often had occasion to refer, has recommended to the Mayor and Council of that city, the appointment of a regular inspection of meat. He remarks that "This view of the necessity for an inspection of the meat used for food is also confirmed by the facts relating to the slaughtering of cattle by the Hebrews. Notwithstanding the greatest care in the selection of the animals when alive, the Hebrews reject the flesh of ten per cent. or more, of all the animals they kill. It may not be necessary to say that all the flesh of animals rejected by the He-

brews, in this city as well as elsewhere, is sold to the Gentiles, and is eaten by them.

"The selection of the person by whom the inspection should be made, would not be so easy as at first thought might be supposed. The knowledge of an experienced butcher would be valuable in judging of the size and general appearance of the internal organs; but to judge correctly of the changes made by disease, and of the character of the disease, and of its effects upon the flesh of the animals considered as food, it is evident that the services of a well informed physician, and of one experienced in the observation of post-mortem appearances, would be necessary."

These remarks are of universal application and merit careful and earnest consideration. We also agree most heartily with Dr. Snow, when he further says, "Every word I write, and every day's experience, particularly during the last month, have confirmed, and more than confirmed the opinion that I have fully believed for years, that no animal flesh should be sold for food unless it has been carefully and thoroughly inspected and shown to be in a healthy condition. I have no doubt that the regulations established by Moses, long ages ago, for the guidance of the children of Israel, rejecting certain kinds of animal food and providing for the careful inspection of others, were founded upon correct principles, and upon more than human knowledge, and that they are correct and important even at the present day, to Gentile as well as to Jew."

Correspondence.

DOMESTIC.

Professional Remuneration.

Editors Medical and Surgical Reporter:

I have been highly gratified reading the editorial in your excellent journal for August 8th, on "Remuneration in the Medical Profession." It has been the custom of the physicians in this community, from time immemorial, for aught I know, to do the practice of families for years without sending in a bill. One of the most eminent physicians of our State told me a few days ago, that he had filed a bill against the estate of a man for practice done over twenty years ago, amounting to over one hundred and twenty-five dollars. The administrator acknowledged it to be just, but said, it being outlawed, he would not pay it. The people have been educated to pay the doctor when they have no other use for their money, and if insulted by a presentation of the bill, to call on some one else when sick next time. This state of affairs is not only detrimental to the interests of the older members of the profession, but seriously embarrasses the younger ones, and those recently locating in a place, as they are compelled to struggle on for months or even years, though doing a good practice all the while, before they can collect sufficient for their support, or run the risk of losing the practice by sending in their bills, and being thought—as I heard one man express it—"in a d——d big hurry for their money." There is no reason why physicians doing a large practice should not acquire something more than a mere competence, and yet it is well known that they seldom do. One reason of this is that we put too low an estimate on our services. We do not regard it the same as putting our hand into our pocket, and giving to every man who applies, without any knowledge of him or security for payment, a sum of money, to rendering him its equivalent in professional service, and yet there is no difference. A man unknown would not think of applying to a merchant for credit for months without guaranteeing payment, but he would not hesitate to apply to a physician for his services for even a greater amount. A reformation in this is loudly called for, if we would receive a recompense for wearing out our lives to alleviate the sufferings of others, and not leave our families to the necessity of selling our books and instruments, as the widow of a physician advertises to do in the *Western Journal of Medicine*, and the editor pertinently remarks: "As this widow and these children are to day, so may some of ours be at a future day." Here we have a large class of persons laboring in our manufacturing establishments who receive good wages, but owning no property come under exemption laws, who often, as you remarked, make the round of physicians without any outlay. To meet such cases I introduced at the annual meeting of the Dearborn County Medical Society last May, the following preamble and resolution:

"*Whereas*, certain individuals, abundantly able to pay their physicians, but of whom a bill is not collectable by law, change from one physician to another as bills are presented, and avoid paying them; and,

"*Whereas*, physicians knowing individuals on this account call on them, will nevertheless attend them—not with the expectation of remuneration, but as an introduction to practice in their vicinity, so that the physician refusing to attend on account of non-payment of bills,

thereby incurs the risk of losing the paying practice of friends and neighbors—therefore,

"*Resolved*, That we pledge ourselves, when notified that an individual is guilty of such practices, to exact the payment of all fees in advance, so long as such disability exists."

Our Bill of Charges specify that all bills are due when services cease to be necessary, and I have adopted the practice of sending them in at that time, and with more satisfactory results—both to patients and myself—than any other plan I ever tried. C. B. Miller, M.D.

Laurenceburg, Ind., Aug. 29, 1868.

Retained Placentæ in Abortion.

Editors Medical and Surgical Reporter:

In the January Number of *Braithwaite's Retrospect* for 1867, I saw an article from Dr. C. B. Suckling, Accoucheur of Queen's Hospital, Birmingham, England, recommending the use of the tampon in cases of retained placentæ in abortions; and, charging my memory with it, at the time, I determined that on the occurrence of my next trouble of the kind I would try the plan suggested. And since that time I have repeatedly tried it, and with never-failing success.

To illustrate the plan, I will report the last case of retained placentæ in miscarriage occurring in my practice.

Mrs. M——, æt. 34, miscarried in the fourth month of pregnancy. After ineffectually using such *gentle* means for the delivery of the after-births as traction of the funis, manipulations over the uterine region and irritation of the os uteri with the finger for a few minutes, I at once proceeded to plug the vagina completely, and then left for other duties, promising the lady and attendants that I would return on the next day. Twenty hours subsequently and on the following day I returned, in conformity with my promise, and, after removing the tampon, found the placenta lying loose in the vagina, whence, of course, I removed it at once without the least difficulty or pain to the mother.

I believe that the practice of using violent and painful means, indiscriminately, for the delivery of the placenta is reprehensible and should be discontinued. There may occur exceptional cases wherein painful force may be required for the detachment of an adhering placenta, but they are rarely met with, and perhaps forty-nine cases out of fifty of retained placenta would get all right by using the tampon, and thus avoid to the mother the great pain of introducing the hand up to the fundus of the uterus and by violence tearing away the after-births from the attachments. As to the danger of internal hemorrhage, it need not be feared, for I never could see how that could take place to any dangerous extent in a small womb contracted down upon the placental mass and coagulated blood, the latter pressing upon the mouths of the uterine vessels and thus closing them up. That force, violence and instruments are greatly too often resorted to in cases of retained after-births, I do not doubt; and I desire to hereby throw the mite of my condemnation upon such indiscriminate practices—practices inflicting so much pain and distress, unnecessarily, upon an already exhausted mother.

Therefore, I say, in cases of retained placentæ in abortions introduce the tampon, use some of the "tinct. of time," and on your return, twenty-four hours afterwards, you will find the after-birth down loose in the vagina.

Jno. C. Pearson, M. D.

Ursa, Adams Co., Illinois,
August 25th, 1868.

Singular Nervous Attacks.

Editors of the Medical and Surg. Reporter:

Willie Lloyd, æt. 9 years, delicate constitution, has had from his infancy paroxysms of a rather singular character to me, and to other physicians who have witnessed them. Twenty-four hours before the attack his lips became scarlet, tongue red, appetite morbid, and for the past seven months slight fever supervenes. He seldom or never takes his bed—until the paroxysm is passing off, which when about to occur, is manifested by palor of the lips and surroundings, livid hue of the face, and the expression, "Mother, I'm going to dream." He then becomes speechless, makes signs for water, moves his lips as if tasting something he had just taken into his mouth. Heart's action increased, pulse 120 to 140, but regular. If he is standing he remains so, has never fallen as in epilepsy, is conscious of all that is passing, and is restored as soon as he can have a glass of water. The face then flushes and is bathed in profuse perspiration. He becomes sleepy and takes the bed. These occur about once in two or three weeks and at intervals of half an hour for some half dozen paroxysms. These have made but little impression upon his general health until this summer. This impression may, however, be due to two or three attacks of miasmatic fever. At the age of 12 months he had fever and convulsions; afterwards, every three or four months these singular spells would occur. During his fourth year he had none, since then they have gradually increased in frequence until they occur as often as

stated above. They occur more frequently in the day than at night. What is it? Is is catalepsy? is it partial epilepsy?

I would state before closing, that the mother at the sixth month was severely frightened at the signt of a man who was attacked with either an apoplectic stroke, epilepsy or vertigo, she does not remember which, and thinks from the impression it made on her that this may perhaps be an *impressio materna.*

Every remedy has been tried that could be suggested. Bromide of potassium was faithfully administered for twelve months.

He is now on oxide of zinc, carb. of iron and rhubarb, two grs. each three times a day.

I design applying Kidder's Electric Medical Apparatus in a few days. If these fail I know of no other remedies, and would like to have your opinion in the case.

R. H. Whilfield.

Meridian, Miss., August 20, 1868.

[It is not easy to pronounce on the above case. The treatment pursued appears to us judicious, and the application of the electric currents might produce a favorable result. At least it is worth trying. Should any of our readers have derived benefit from treatment in similar cases we hope they will inform us.—Eds.]

News and Miscellany.

Murder of Dr. Braman, U. S. A.

The sad death of this promising physician and esteemed contributor to this journal was mentioned in a recent issue. The following particulars of it have been received.

One of the Doctor's friends, Lieut. Clark, had been robbed of his watch and a considerable sum of money. Suspicion fell upon Second Lieutenant William McGee, an officer of the same regiment. Lieut. Clark, who is a member of the Masonic Fraternity, as also was Dr. Braman, informed the Doctor of his loss, and the Doctor expressed his doubts of Lieut. McGee. Their suspicions coming to the knowledge of Gen. Sykes, the commanding officer of the garrison, he ordered an investigation, but nothing was proved against McGee. Dr. Braman then wrote a letter to Gen. Sykes, regretting his action; said that his zeal as a Mason led him to help a brother Mason (Lieut. Clark); that in an interview with McGee, the latter removed his suspicions, and that he would do everything possible to counteract what had been done. McGee, however, was not satisfied, and at dusk on the evening of the 15th ult., went to Dr. Braman's room with a revolver, and without any warning shot him while in the act of rising from his chair. Dr. Braman immediately ran to a hospital tent near by, and was placed on a bed, where he died. McGee is only 17 or 18 years of age. He entered the army as a drummer-boy, in the 33d New Jersey Regiment, and a year ago obtained a commission in the Regular Army. Men who have been discharged from his regiment represent him to be of dissipated habits, and often seen on duty under the influence of liquor. It is is to be hoped that he will receive the punishment which so cowardly and brutal an action deserves.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Nichols—Knox—In Monasha, Wis., July 2'd, by the father of the bride, the Rev. L. L. Knox, D.D., assisted by the Rev. Professor Stowers, of Lawrence University, Theron Nichols, M.D., of Pesbtigo, Wis., and Miss Harriet O. Knox, late Preceptress of Lawrence University.

METEOROLOGY.

August,	24,	25,	26,	27,	28,	29,	30.
Wind	W.	S. W.	W.	S. E.	E.	S. E.	S. W.
Weather	Cl'dy.	Clear. Fog.	Clear.	Clear.	Cl'dy. Sh'r.	Clear.	Clear. Sh'r.
Depth Rain					2-10		4 10
Thermometer.							
Minimum	64°	61°	62°	61°	57°	56°	67°
At 8, A. M.	72	72	72	75	72	71	79
At 12, M.	80	78	78	81	79	79	84
At 3, P. M.	81	79	79	81	82	82	87
Mean	74.25	72.50	72.75	74.50	72.50	72.	79.25
Barometer.							
At 12, M.	30.1	30.2	30.3	30.3	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

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The next regular session of Washington University will begin on *Thursday, the first day of October, and terminate on the 22d of February*, 1869.

One *Beneficiary Student* from each Congressional District of the late slave-holding States and Senatorial District of Maryland, is annually received. precedence being given to *wounded and disabled soldiers.*

In addition to a daily PUBLIC CLINIC of the most instructive character, Washington University has associated with it *a Hospital of its own*, in which every possible facility is afforded for acquiring a *practical knowledge* of medicine and surgery.

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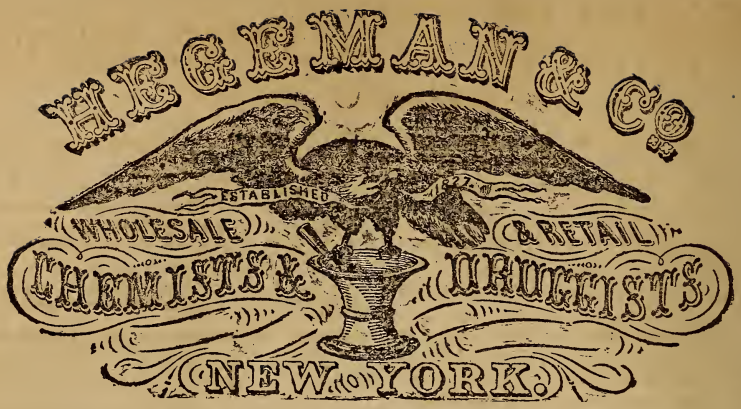
Dr. BOZEMAN begs leave to inform the members of the Medical Profession that he has opened the above institution for the "Surgical Diseases of Woman," with the two gentlemen named, as Consulting Surgeon and Consulting Physician. He hopes, by strict attention to the duties devolving upon him, to merit the sympathy and co-operation of his professional brethren.

For further information apply to, or address,

Dr. NATHAN BOZEMAN,
53 West 33d Street, New York.

Sept. 1st, 1868.—599—624



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Our Cod-Liver Oil is warranted pure *Newfoundland Oil*. It has stood the test of twenty years' experience, and can be relied on in every particular. Its superiority over that prepared on our own seashore is shown by the numerous cures performed by it when the inferior oils had been tried without effect. We make no claim to any secret mode of concentration or cold pressing, but warrant it pure Ol. Morrhua of the U. S. P.

The most perfect Iron Tonic.

Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK, deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

Hegeman's Cordial Elixir of Calisaya Bark, (Peruvian Bark.)

The CALISAYA (or "King's Bark,") is the most valuable of the numerous varieties of the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

For persons living in Fever and Ague Districts, it will be found invaluable as a preventive—half a wine glass taken night and morning, rendering the system much less subject to the unhealthy influence of the atmosphere.

☞ The above preparations are sold by Druggists throughout the United States.

Samples of the above preparations will be furnished on application.

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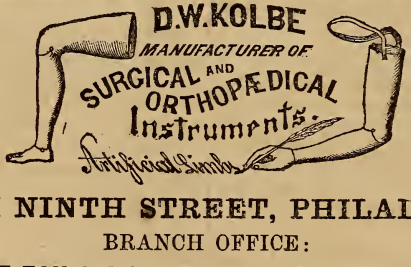
Particular attention is called to the improved artificial Legs and Arms; apparatus for Resection, shortened legs, ununited fracture apparatus for the variations of



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Dr. BENJAMIN LEE desires to call the attention of the Profession to his unusual and complete facilities for the treatment of Lateral Curvature of the Spine, and the Deformities arising from Reflex Paralysis and Articular Inflammation.

DR. LEE gives his personal supervision to the construction and application of appropriate Splints and Automatic Instruments for *individual cases* of Pott's Disease, Hip joint Disease, Talipes, etc., as well as to their after-management.

The system of Remedial Exercise, which, as a legitimate branch of Mechanical Therapeutics, he offers to the general practitioner, constitutes an invaluable adjuvant in the relief of Chronic Functional Disorders.

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GETTYSBURG KATALYSINE WATER:

ITS REMARKABLE HISTORY,

And Wonderful Curative Powers.

The fact that we are indebted to the most important historical incident of the recent war of Rebellion for the discovery of this now famous Gettysburg Spring, has a significance of interest aside from that which attaches to the great value of the water as a medicinal agent; and when it is considered how many thousands of invalids are being, and will continue to be, cured of the most painful diseases by using this water, we may possibly conclude that in this healing fountain we are to receive compensation for the losses which gave us victory on the renowned battle-fields of Gettysburg.

In addition to the well-attested therapeutic value of this water, an important consideration, in contrast with other mineral waters, is the fact that it can be transported to any climate or distance from its source without any liability to injury or deterioration of its medicinal properties, and when the bottles are uncorked there is no change in taste by exposure to the atmosphere.

Among all the statements of wonderful cures by this water, of Rheumatism, Gout, and diseases of the Kidneys and renal apparatus generally, as well as Dyspepsia and prostration of the vital powers, which are given by Physicians and invalids of high standing and character, we can in this space only give a few, and refer the reader for more information to the printed copies which can be obtained at any of the Druggists' stores where the water is for sale.

The statements respecting the medicinal properties and singularly curative powers of this water are given, as will be seen, on the highest authority of the Medical Profession; and among the most distinguished is Dr. JOHN BELL, of Philadelphia, author on Baths and Mineral Springs, and Dr. ROBERT K. STONE, of Washington, D. C., formerly physician to the family of President LINCOLN

As this water is now used with great success by many of the principal Physicians all over the country, it will soon be easy for invalids to learn, from this source, the real and surprising virtues of the water, and its application to themselves.

REMARKABLE CURES.

AN ALMOST MIRACULOUS CURE OF RHEUMATISM.

ST. MARY'S CHURCH, CHESTNUT HILL,
Philadelphia, December 4, 1867.

GENTLEMEN: I beg leave to offer my testimony regarding the water of Gettysburg Spring. After a fair trial, I have the gratification to declare that my experience corresponds with all that has been asserted about the medicinal virtue of this water. I have suffered from chronic rheumatism for sixteen years, and during that period I have been on four occasions confined to bed for five months with acute inflammation. The last attack commenced on the 8th of December, 1866, and I believe that, in repeated fits of the acute form, I have had the greatest pain produced by this terrible malady. I was so crippled in every joint that I could not leave my room during eight months, and I expected to be in this condition for the remainder of my life. Since I commenced the regular use of the water, in proper doses of a gill three times a day, I have been gradually and surely relieved, until at present date the rheumatic principle is entirely removed. So far from being at any time disagreeably affected, my general health has been remarkably benefited. I advised some of my neighbors to use the water, and it has effectually cured dyspepsia and kidney disease.

This is the first testimonial of the kind I have ever written, and I now send it to you through a feeling of duty to the community. Most earnestly I would recommend this charming remedy to all persons affected by any of the ailments to which it is applicable. Yours truly,

P. E. MORIARTY, D.D.

Rev. Dr. MORIARTY is widely known as a Catholic Priest of high standing, and needs no indorsement.

A CURE OF RHEUMATIC GOUT.

Mr. W. H. DUNBAR, employed in the New York branch house of Messrs. TICKNOR & FIELDS of Boston, writes from 63 Bleecker street, New York, March 24, 1868: "I believe it to be my duty to state that I have been completely cured of a severe affliction of gout, or rheumatic gout. The attack was preceded, for several years, by weariness and heaviness in my lower limbs, which culminated in increased debility, heaviness and pain in my lower limbs, and which gradually extended to the right arm and forefinger and thumb. The big toe of the left foot, both ankles, the right knee, the right shoulder and arm to the elbow, and the two forefingers and thumb, were much enlarged. There was great debility in the limbs, and I was unable to walk more than a square without exhaustion, and I was unable to use the arm except with difficulty. I took the water in quantity of one gill on rising in the morning, an hour before breakfast, one gill an hour before dinner, and one gill on retiring. I have taken about one half of a case of your water in all. Its effect was gradually curative and strengthening, and the lumps were removed.

"It has also cured my wife of dyspepsia."

DYSPEPSIA AND GENERAL DEBILITY.

A single cure of dyspepsia with this water, referred to by Dr. BELL, with the accompanying remarks of this distinguished medical writer upon its extraordinary power on this hydra of disease, will suffice. It is that of Mrs. Tawney of Adams county, Pa. Mrs. Tawney says: "I have been afflicted with a stomach disease, or with dyspepsia in one of its most terrible forms, for some twenty years. I tried medicines and the prescriptions of various skilful physicians as long as I could retain medicines on my stomach. But during the last ten years I could not take medicines at all. I was gradually reduced almost to a skeleton; was so weak most of the time that I could not even sit up in a chair—was frequently racked with pains and harassed with gloomy forebodings, apprehensions, and depression of spirits—was, in short, one of the most miserable beings that ever lived. This was my condition when I commenced the use of the Gettysburg Water, which was the only thing that would lay on my stomach. I have used it for some months, and am completely recovered from my long afflictions. It has proved to me a veritable water of life."

A great number of similar and more remarkable cures might be recited, but a reference to the pamphlets as above stated will better give a proper idea of the wonderful curative powers of this water.

CAUTION.

As it is easy to foresee that, as soon as the GETTYSBURG WATER is introduced generally into the market, there will be counterfeits and other worthless fluids under the same or a similar name palmed off on the public, it is proper to state that the genuine Water is put up only in quart bottles. Hereafter, for the further security of those who use this Water, the proprietors have adopted and secured the title of GETTYSBURG KATALYSINE WATER, and in future, all genuine Water from the Gettysburg Spring will have the full title, as above, branded on the corks and blown in the bottles.

Retail price per quart bottle, 50 cents.

Retail price per case of two dozen quarts, $11. The usual discount to the trade.

All communications must be addressed to the GETTYSBURG SPRING CO., No. 63 Liberty street, P. O. Box 5138, New York.

The water is shipped direct from the Spring to all places so situated as to be more conveniently supplied from this source. FOR SALE BY DRUGGISTS GENERALLY. 592—

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Mr. WILLIAM R. WARNER, Pharmaceutical Chemist, Philadelphia.

MY DEAR SIR:—You have submitted for my inspection, various samples of your sugar-coated pills. I have examined them carefully, and can pronounce them both perfect and elegant. I speak from my personal knowledge of your character and ability, and I regard the length of your practical experience in manufacturing them as a specialty, as the surest guaranty of their excellence. Yours, very respectfully,

JOHN M. MAISCH, *Chemist, U. S. Army Laboratory.*
(Now Professor in Phila. College of Pharmacy.)

From Freedley's "Philadelphia and its Manufactures."

W. R. WARNER & Co., 154 North Third Street, Philadelphia, are extensive manufacturers of Sugar-Coated Pills and Granules, of which they sell millions annually, and of which they claim to have been pioneers in Philadelphia. It is quite certain that their products are endorsed as of the purest quality, and are extensively sold to the trade throughout the United States, Canada, Mexico, and South America.

This firm are also Importers and Jobbers of Drugs, Chemicals, and the various Pharmaceutical Preparations that are usually found in the stock of wholesale druggists.

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Prepared with great care, from healthy Livers of the young Cod.

Filtered through Carbon, and Flavored, rendering it the most pure, bland, and palatable.

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THE

MEDICAL AND SURGICAL REPORTER.

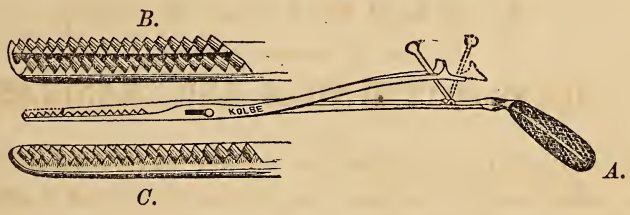
No. 603.] PHILADELPHIA, SEPT. 19, 1868. [Vol. XIX.—No. 12.

Original Department.

Communications.

ECRASEUR FORCEPS FOR THE REMOVAL OF UTERINE FIBROIDS.

By D. Hayes Agnew, M. D.,
Of Philadelphia.



The thought of an instrument, such as is figured above, occurred to me in consequence of some difficulty experienced in detaching a fibroid from its uterine attachments.

It consists of two blades, one stationary, and the other movable. The stationary blade is the longer of the two, its handle bent down, and a lever hinged to its upper surface. The movable blade has an opening or slit at one end, for the passage of the lever, and where it articulates with its companion, another oblong slit, allowing it to move back and forth horizontally. The anterior extremities of the blades are serrated; the upper or stationary one with a central groove, with teeth or serrations on either side (*B*), and the lower or movable one with the teeth or serrations in the middle (*C*). The cut exhibits the entire strument and also the fashion of the extremities.

The application is best suited for pedunculated growths, and in using it, the tumor should be seized with a pair of Volsella forceps and drawn well down, the blades of the instrument carried on either side of its neck, then gently pressed together, at the same time imparting the horizontal movements through the lever, when it will be rasped away with very great rapidity, and the vessels so lacerated as to prevent the effusion of blood. Thus far it has proved perfectly satisfactory, both in my own hands and those of others. For the construction of this instrument, I am indebted to Mr. Kolbe, one of our distinguished surgical cutlers.

OPERATION FOR STRANGULATED HERNIA IN A PATIENT ÆT. 82 YEARS—RECOVERY.

By P. L. Greenleaf, M. D.,
Of Thompsontown, Pa.

May 1st, 1868, evening.—Was called to see Mr. R., æt. 82 years, suffering from oblique inguinal hernia of both sides, of long standing,—his present suffering referred to the right side.

On examination, found hernia of that side irreducible, very large and incompressible; that of left side reducible, also very large; both extending into and distending scrotum enormously.

Patient complained of flatulence, colicky pains, sense of tightness across the abdomer, which symptoms had existed for 72 hours, with anxiety of countenance and fetid eructations, evidently premonitory of stercoraceous vomiting. Diagnosis, "strangulated hernia of right side."

The patient was also laboring under valvu-

lar disease of the heart, with irregularity of the heart's action, though of a bilious temperament, strong nervous system and remarkable muscular vigor.

The taxis was employed but to no avail. Blood-letting was thought of, but without promise of much good,—all other measures for its reduction being deemed useless, I decided to operate.

On visiting my patient the next day for that purpose, accompanied by Dr. L. E Atkinson, I found all the symptoms increased —some vomiting of fæcal matter, and without an operation no hope of prolonging life. My opinion was at once made known to the friends and the patient.—Dr. L. E. A. concurring—an operation recommended, its immediate importance and advantage as a remedial measure urged in the hope of giving any chance for relief.

The friends submitted all to the patient, and though a man of four-score years, and a consistent Christian, chose rather to undergo the ordeal of surgery with the faint hope of living yet a little longer, than to resign himself to his fate, and denounce the knife as cruel and useless. Accordingly Dr. L. E. Atkinson conducted the anæsthetic (chloroform), and I operated as follows:

An incision five inches in length was made immediately over the course of the tumor, and extending as high as the lower border of the internal abdominal ring—each layer of the covering was taken up and divided separately upon a grooved director, and the sac exposed; an attempt was now made to reduce a portion of the strangulated gut, but without avail. Sac was laid open and divided upon a director, when a quantity of serum escaped, to some extent reducing the size of the tumor and rendering manipulation more easy. I now discovered the seat of the strangulation as being at the external ring, caused by the fibres of the internal oblique muscle. I also found the old hernia to be omental, considerably indurated, thickened and forming adhesions to the sac, the stricture grasped a loop of intestine recently escaped from the abdomen, and which was found considerably discolored, evidently the cause of the whole train of symptoms.

After several futile attempts to dilate with the fingers, I introduced a probe-pointed bistoury, with index finger as a guide, and divided the stricture by cutting upward to avoid wounding the epigastric artery, and returned the strangulated gut, but made no attempt to restore the old protrusion on account of its extensive adhesions. The wound was closed by six silver-wire interrupted sutures, supported by strips of emplastrum adhesivum, with compress and bandage completed the operation. Very little hemorrhage occured during the operation, probably a half an ounce at the most.

Patient rallied from the effects of anæsthetics, after voiding contents of stomach "*per orem.*" The operation and anæthesia lasted one hour and twenty minutes,—it would be proper to remark that the patient could not be fully ætherized on account of the condition of the heart as above stated.

After treatment was tinct. aconita rad. gtt. vj. every six hours, to control the circulation. Opium gr. j. twice a day to allay pain—restricted to mild diet, wine whey and game broth.

There was no natural passage from the bowels for eight days, when an injection was administered, per rectum, and a large quantity of hard fæcal matter was voided, after which the alvine evacuations occurred regularly.

The wound healed mainly by first intention; not a single untoward symptom manifested itself during the after treatment, and at the end of three weeks he was able to sit up and wear a truss to support the inguinal region. The patient is now in his usual health, and has experienced no trouble referable to his hernia since the operation, and considers himself quite well.

The lesson to be learned from this case is one which cannot be too forcibly impressed upon the mind of the practitioner, viz., In cases of strangulated hernia do not postpone operating until it is too late for surgical interference to save our patients, and that extreme age, *per se*, presents no barrier against severe surgical operations.

A POCKET CASE OF MEDICINES FOR ACTIVE PHYSICIANS.

By Abrm. Livezey, M. D.,
Of Philadelphia.

Graduates in Medicine, who are about setting forth to practice physic, are often at a loss to know what medicines are most needed, and how to make up a pocket book, or fill a pocket CASE of vials with those remedies most frequently had recourse to in practice, so as to enable them to issue forth, on any and every emergency, and feel prepared to meet the case and fulfil the indications that may present themselves. In other words, to carry with them, in their daily rounds among the sick, such remedial means as will enable them to feel that they are armed at all points;—to be *semper paratus*—is truly a satisfaction and a desideratum.

From much experience in general practice, in town and country, I would advise the following for ready portable purposes: Provide a good sized old-fashioned *note* pocket book (or have one made to order with flaps,) for powder packages, and a case holding 24 three dr. vials with a pocket, which of itself will in most cases be sufficient. The pocket book, (judiciously filled) is useful in treating chronic cases, or if you have an extensive practice, or delight in giving much medicine or large doses; or if you desire to be provided with packages of vegetable bitters, astringents, some preparations of iron, pulverized alum, senna and jalap, ipecac., etc. The CASE can only be filled, properly, with more active agents and in concentrated forms. For instance, supposing the *pocket-book* will furnish a direct emetic, as alum and sulphate of zinc, or an indirect one, as ipecac., or lobelia; we shall still need a convenient nauseant, expectorant and diaphoretic, and therefore will fill vial No. 1 with emetine or lobelin, with fl. ext. ipecac., or lobelia, according to the predilections of the practitioner. Nos. 2, 3 and 4 may contain cathartic combinations, as hydrarg. et ipecac., hydrarg. et jalapa, podophyllin, etc. A *worm* physic is indispensible, for as Prof. Mitchell once remarked that *physic* alone would cure nine-tenths of the ailments of children, I am sure the assertion will prove the better verified, if we combine a suitable worm medicine with it. Fill No. 5 then with santonine and podophyllin in the proportion of 8 to 1,—one to two grains of which, *ter die*, makes a convenient and admirable *worm medicine*. The physician next needs a vial of the great intermittent remedy, sulphate of quinine, No. 6; or if fever is present, tr. aconit. fol., No. 7, in two or three drop doses, every two hours, will be found far more efficient than sp. ether. nit.; or if the case is marked by violent inflammation, then tr. verat. vir., No. 8; or if neuralgia, dysmenorrhœa, spasm, dysentery, etc., attend, tr. gelseminum, No. 9; to compose the patient, allay irritation, Dover's powder, with or without camphor, No. 10, will be needed; in other cases, more powerful anodynes will be required, and therefore you will need a vial, No. 11, filled with morph. sulph., and another with pills of opium and camphor, No. 12. Nos. 13 and 14 can be devoted to pills—the kind subject to individual notion or fancy; pulv. chlorate of potassa, a simple remedy for aphtha, sore throat, scarlatine simplex, etc., should find a place in No. 15; oil of erigeron, for cases of uterine hemorrhage (gtt. vi, every 15 minutes dissolved in teaspoonful alcohol), in No. 16; solution of persulphate of iron, to arrest hemorrhages, generally, in No. 17; Goulard's extract of lead, to be properly diluted, for a general local application in wounds, bruises, inflammations, etc., in No. 18; hydrarg. cum creta, indispensable in disorders of the alimentary canal, particularly of children, No. 19; p. rhei and potass. bicarb., thoroughly triturated with a little ginger, as a laxative, antacid and carminative for similar conditions, No. 20; and in the remaining four vials can be carried such medicines, or combinations as different seasons and different endemics may seem to demand; bismuth, caustic, tr. belladonna, tr. macrotys, etc., are sometimes found useful. In the pocket, additional quinine, morphia or Dover's powder, may be carried,—so also sulphate or acetate of zinc, from which bathes for inflamed eyes may be at once formed, etc.

Medicines for specific and chronic cases,

under treatment, will necessarily have to be prepared in the shop, before the physician starts in his daily round. Such has been the miniature pharmacopiæ that I have carried with me for many years, and I have very seldom, if ever, been at a loss for the proper medicine to prescribe in the incipiency of any case, and could attend to the most urgent call at any time or place with a mind at ease, as to the want of means for relief.

OPERATION FOR THREE CASES OF HARE-LIP.

By I. Scott, M. D.,
Of Parkersburg, West Virginia.

Case 1*st.* Child of D. W. L., of Parkersburg, W. Va., aged six months. Having single hare lip, the gap unusually wide, and complicated with extensive fissure of the gum, hard and soft palate.

On the 15th of November, 1867, assisted by Drs. Williamson and Harris, the child was brought partially under the influence of chloroform, and held in the erect position. I first dissected the lip from the gum on the side on which the fissure existed, and carried the dissection up until the ala of the nose (which was greatly displaced), was completely liberated. The attachments of the lip to the gum on the opposite side were then dissected. I, then with a pair of strong, sharp scissors, cut a ribbon from each margin of the lip, taking care to commence well down in the lower angle, and to extend it well up into the ala of the nose. I then inserted three pins, one on a line with the vermillion border of the lip, another in the centre, and the other close up to the ala of the nose. A well waxed silk thread was then wrapped around the ends of the pins elliptically, which completed the operation.

The upper and middle pins were withdrawn on the second, and the lower pin on the third day. After the withdrawal of the pins, the lip was supported with strips of adhesive plaster, drawn across the lip, from one cheek to the other.

The wound united by the first intention, all but a little notch on the lower border. The part in front of the upper pin sloughed out, and filled up by granulation. By touching the edges of the notch on the lower border daily with caustic, and drawing it together with small strips of adhesive plaster, it united perfectly in a few days; and in twenty days from the day of the operation, the lip was entirely healed, and was quite natural in appearance.

Case 2*d.* Child of — M., near Parkersburg, West Va., aged 3½ months. Having single hare-lip, complicated with quite a depression in the gum, but no fissure of either hard or soft palate.

On 15th February, 1868, assisted by Dr. Williamson, the child was brought partially under the influence of chloroform, and the operation the same as in Case No. 1, except I used sutures and adhesive straps, as recommended by Prof. Frank H. Hamilton, M.D., instead of the pins. The upper sutures were removed on the fifth, and the lower one on the sixth day. The lip became a good deal inflamed, and it did not unite well by the first intention, but left a small gap at the bottom, middle, and upper part of the wound. By touching with caustic every other day, and drawing it together with adhesive straps, the openings closed in a few days, and at the end at the end of the third week from the day of the operation, the lip was well, and quite natural in appearance.

Case 3*d.* Child of C. M. C., of Parkersburg, West Va., aged 2½ months. Having single hare-lip. The gap unusually wide and complicated, with one side of the gum elevated, and also with extensive fissure in the gum, hard and soft palate.

On March 17th, 1868, assisted by Drs. Williamson and Clark, the child was brought moderately under the influence of chloroform. The operation was the same as in Case No. 1, except I only used two pins, one on a line with the vermillion border of the lip, the other close up to the ala of the nose. A well-waxed ligature was then applied elliptically around the ends of the pins. I did not use any adhesive plaster or dressing of any kind. The upper pin was removed on the fourth, and the lower one on the fifth day.

The wound united perfectly by the first intention, and was entirely well on the seventh day after the operation.

On a review of the foregoing cases, the disparity in favor of the pins over sutures and adhesive straps alone, must be obvious to the candid observer. As the pins prevent all play of the surfaces upon each other, which we intend shall adhere together, the great advantages of the pins must be as plain *a priori*, as from the results of experience. It is needless to call the attention of the profession to what every practical surgeon knows: that the heat occasioned by adhesive straps is better calculated to promote local irritation than healthy adhesion. Another inference I would draw, is, that in children, two pins effect the mechanical object in view as well as three, with less danger of inflammation.

SHALL HYGIENE BE TAUGHT IN THE NEWSPAPERS?

By David Prince, M. D.,
Of Jacksonville, Illinois.

As you hold your columns open for the discussion of all questions which are especially interesting to medical men, I respectfully ask the privilege of criticising the positions taken in your editorial, page 155, Aug. 22d, 1868.

I do not wish to defend the action of the three Cincinnati doctors who are censured by the Academy of Medicine, but the ground taken by the Academy seems to me altogether untenable.

From the resolutions of the Academy, which I find in the *Cincinnati Medical Repertory*, I make the following quotations as the text for criticism:

"The medical journals are recognized as the only legitimate organs by which to publish discourses in medical science, or in which to carry on discussions.

"It is only when acting as the mouth-piece of a medical society, or in the discharge of the duties of a health officer, or in some other regular manner, that it is proper for a physician, through the newspapers, to instruct the masses on subjects exclusively of hygiene, as in relation to ventilation, clothing, cleanliness, etc."

An illustration of the absurdity of the position would be presented, if some medical society should pass resolutions of censure upon Dr. Mitchell, the writer of the article on "Modern Ways of Studying Poisons," in the September number of the *Atlantic Monthly*. This writer has succeeded in producing a very instructive popular article upon the modern methods of investigating poisons, and has singled out three poisons, each acting upon distinct tissues of the system: worari, upon the nerves; corroval, upon the muscles; and carbonic oxide upon the blood. The article is sufficiently free from technical terms to be readily comprehended by a person having a good general education, affording instruction and entertainment at the same time. According to the dictum of the Cincinnati Academy of Medicine, this is contrary to medical ethics. Here is instruction in hygiene to be used by the many thousand general readers of the *Atlantic Monthly*.

Not only the fact of the destructiveness of burning charcoal, but also the philosophy of its destructiveness, is taught outside of the medical journals, and without any pretence on the part of the writer that he is the "mouth-piece of a medical society, or a health officer." The writer, however, is a medical man, and very likely may belong to some medical society.

Some years ago, Dr. Toynbee, who has written so instructively upon the ear, devoted himself to the instruction of the poor of London upon the destructive character of foul air, and succeeded in getting the practice to some extent introduced, of removing a single brick from the smoke flue just under the ceiling, by which the worst air at the top of the room might pass up the chimney. Now, unless he was the mouth-piece of some medical society, or a health officer, it must be an unpardonable breach of medical etiquette.

We are sometimes very much aided in understanding the nature and tendencies of maxims and usages, by comparing them with those of other departments of the social machinery.

Let us for a moment consider ourselves religionists or publicists. It would be improper to instruct the masses upon religion or social science through the newspapers, unless as the mouth-piece of a church, or as a magistrate.

It must be done through the journals which are organs of the Church or of the State.

The relations of this seclusive prohibition are seen at once. They belong to a despotic union of Church and State, in which the people are required to think and act by authority originating in the intelligent few, and not at all to a democratic form of government, in which the theory is that the people are their own judges of government, religion, hygiene, and therapeutics, to adopt or to reject, and in accordance with which, it is the privilege and the duty of those who have knowledge of prevention and of cure, to instruct the masses through all the avenues of knowledge by which they can be reached.

The medical profession puts itself into a ridiculous position, by requiring its members to leave the newspapers to the sole occupancy of pretenders. Why do not the philosophic politicians abandon the newspapers to mere pretenders, because their columns may be open to all alike. Would it be any better for the people to find in the newspapers only the productions of dishonest office-seekers, while the statesmen confined themselves to the aristocratic circle of quarterlies.

If the people are very poor judges between the vapid boastings of the empiric and the instructive lessons of the philanthropic scholar, they certainly will not be much better off in this respect, if they read only the productions of the empiric, without the good reasoning of the honest writer. The masses will certainly never read about hygiene in the medical journals, and the accredited mouthpieces of medical societies, and health officers are not so numerous that they need feel afraid of the competition of volunteers in the field of hygienic instruction.

DISLOCATION OF THE HUMERUS OF FOUR MONTHS' STANDING.—SUCCESSFUL REDUCTION.

By Henry M. Lilly, M. D.,
Of Fond du Lac, Wis.

Mrs. B——, residing in Minnesota, was seized April 15th, 1868, with puerperal convulsions. After the convulsions had subsided and delivery had been accomplished, the head of the left humerus was found to be dislocated forward. For some reason no attempt was made at reduction. About three months after the accident, a German physician made some attempts at reduction, but did not succeed. In August she left Minnesota and came to this city in quest of surgical aid. On the 12th of August she presented herself at my office. I told her that if she wished, I would try to reduce the dislocation. I could not promise her any success,—the only promise I could give her was that I would make a faithful *trial* if she desired me to.

August 13th, the patient was placed under the influence of chloroform, and, assisted by Dr. Mayham, of this city, I commenced the efforts at reduction. For the first half hour I used no mechanical appliance, but sought by manipulation alone to accomplish the object. It finally became evident, however, that nothing could be done with the bone until its head was forcibly torn loose from its new bed. Jarvis' Adjuster was now applied. Carefully as possible the handle of the crank was turned until I felt some of the adhesions give way with a distinct snap. The ratchet was then loosened and attempts by manipulation renewed, but without success. The Adjuster was now repeatedly applied, and loosened, and manipulation resorted to, both while it was applied and also in the intervals of its application. Conscious of the great mechanical power of the instrument I was using, I was in constant fear of perils to be incurred by a too free use of it. At last, the bone seemed to be so thoroughly disengaged from its abnormal socket, the Adjuster was entirely removed and laid aside. Dr. Mayham now placed himself at the opposite shoulder of the patient, and placing his left forearm beneath the patient's left axilla as a fulcrum, and seizing the elbow with his right hand, he brought it with a powerful sweep across the chest of the patient towards the right shoulder; at the same time I pressed the acromion firmly up with my right hand, and with the fingers of the left pressed the bone downward and outward toward the glenoid cavity. This manœuvre sent the head of the bone to its place with a distinct snap, perceptible to the bystanders.

This was one hour and thirty minutes from the time manipulations were commenced. The consecutive inflammation was not very great. I kept the patient under observation until Sept. 2d, when she left for her home in Minnesota.

While feeling gratified at the success of the operation, I candidly confess that I do not covet such surgery.

MEDICAL ASPECTS OF DAKOTA.

We make the following extracts from an interesting letter of Dr. G. P. Hachenburg, Post-Surgeon at Fort Randall, Dakota Territory.

"The infusoria of the Missouri River are numerous, and sometimes affect greatly the mucous membrane of the alimentary canal. From this the Indians are even not exempt. I would no sooner drink the Missouri water than a glass of Croton oil. No doubt its muddy, animalculated material is what gives notorious unhealthiness to the Mississippi south of St. Louis. What exists here as a nucleus of harm, by heat and miasmatic complications, becomes there an active poison.

I suspect one source here of the impregnation of the Missouri water. I have noticed in different localities small springs, whose water is clear, and stands or flows over a snow white alkaline bed. Any living being that drinks this water soon dies from its effects. Cattle that step in it lose their hoofs. Many of these "Potash Springs," as they are called here, empty into the Missouri, undoubtedly with no good effect. I have not yet made a chemical analysis of the water, but purpose to do so. From the symptoms of persons poisoned by it, I judged they died of ulceration and perforation of the bowels.

This climate will cure a certain class of pulmonary diseases, of the humid type in particular, that would be hopeless in the east. Another form of those diseases, generated here, characterized by irritation and dryness of the secretions, would never get well here, but might recover by a change to a location of greater moisture. There are forms of dyspepsia and other diseases, skin diseases in particular, that are cured or aggravated in this country. I know asthmatic patients that could not live here a week. Those are mistaken who suppose that consumption is never generated in the north-west. It is the scourge of the Indians, doing its steady work of extermination of the race. I have now in my hospital two cases of consumption that left the east in good health, and are victims of the Indian consumption here. Scrofula, modified by scurvy, is not only rife with the children of settlers, but among the Indians more than one-third of their pappooses run about with glandular sores. Skin diseases of the squamous order are common here, and require tact and patience in their cure. The papular and pustular are not common, and the confluent small-pox does not often show itself.

Diseases of the eye are common, and do not bear the astringent treatment of the east. Inflammation of the eye is the most prevailing form, and in its acute stage is not of easy management. I have seen a number of cases of amaurosis and cataract, but none of strabismus.

There is wonderful exemption of diseases of the ear. Those who come here deaf are sure to find their hearing improved.

There are very few diseases of the heart and arteries—of the veins they oftener occur.

There is little tendency here to obesity. Women and children do not as well here as men, as a general rule.

For rheumatics this is a poor country, but limbs crippled by stiffness from other causes, and where there is no organic disease, are cured here readily. A bad sprain would speedily get well here; so would any indurated tumor that can be removed by absorption. Dropsy, not complicated with any organic disease, would get well of itself.

The absence of miasm gives uniform healthfulness to the climate.

Physicians in all parts of the world, in order to favor the cure of their consumptive patients, have sent them to a malarious region — not with the idea that miasm neutralizes tubercles, but to cure their patients on the revulsive principle, which holds that two diseases cannot exist in the body with

equal intensity at the same time. The order runs thus: The patient takes the ague—the ague cures the consumption—the doctor then cures the ague. In Rome, consumptives are ordered to the Pontine Marshes—in Charleston, to the Dismal Swamp.

Medicines act with more readiness in this country than perhaps any other, from the fact that the absorbents of the system are more active and less clogged. I doubt not, at no distant period, that from many parts of the world, physicians will send cases of chronic diseases here that defy home treatment, not for the benefit of Dakota air so much as for the rapid action of medicine here secured The most powerful styptic would not check a colliquative discharge treated on the highest mountains, while here almost any mild astringent would relieve the patient promptly.

Some medicines cannot with safety be used here—some of the mercurials in particular. I have had patients to recover promptly under medical treatment here, that I know would not be similarly efficacious east.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for discussion—Tetanus.

Reported by J. W. P. Bates, M. D.

Dr. Erich. Tetanus is a functional nervous disorder, in which there is rigidity of nearly all the voluntary muscles, and, toward the close, the involuntary become involved. There is spasm accompanied by violent pain; consciousness not abolished. The nature of the disease is almost entirely unknown, and it is speculation when we say it is from irritation of the spinal nerves. The treatment is also speculative. Counter irritation was once thought highly of, but it failed to cure any large proportion of the cases. Ice, opium, chloroform, tobacco, cannabis indica, etc., are all without effect. There is one remedy which is now prominently before the profession and which so far promises well, viz., calabar bean.

Dr. Watson, of Glasgow, has treated six cases with it successfully, and two or three others are reported in the Journals. One case came under my care not long since in which I used the remedy with success. I was assisted in the case by Dr. Stein, and as we had no experience with the bean, the Dr. watched the case very closely, and varied the dose so as to keep up the effect as well as possible.

Dr. Stein. If it is the pleasure of the Association I will read the notes of the case. "George Smith, col'rd, æt. 14, had been struck in the face with a piece of brick inflicting a severe wound just over the naso-maxillary suture. After staunching the blood, which flowed profusely, the wound was dressed with adhesive plaster, and healed without further trouble, until about two weeks later, May 30th, when he came home at night dragging his right leg. On the the 31st he was unable to attend to his regular duties, and was said to be very unwell, and on June 1st he had several spasms during the day. A physician was then called, who ordered a warm mustard bath, and pills of calomel, ext. hyoscyami and pulv. antimonialis.

2d. The Dr. pronounced him better, but the patient's friends did not think so, as the spasms were more frequent and more violent. Owing to the opisthotonos he could not be put into a mustard bath, and had, therefore, only been sponged, and the Dr. ordered, as a substitute, hot bricks to be placed in the bed beside the boy, but the only effect was an increased restlessness. Since June 1st he has been unable to take anything in his hand, to carry his hand to his mouth, or to open his mouth wide enough to receive anything between his teeth. The boy getting rapidly worse, the Dr. was anxiously sent for on the 3d, but did not arrive until the 4th, when, upon the suggestion of one of the friends that another physician should be called in consultation, he pronounced the case hopeless and gave it up entirely.

Dr. Erich was then called and found marked opisthotonos, paralysis of the facial nerve on the injured side, rapidly recurring clonic spasms, great restlessness, and the boy crying out with agony at every spasm. The following were ordered, ℞. Ext. calabar bean, gr. vj. dilute alcohol, f.℥ss. M. S. 5 drops every half hour. ℞. Acid acetic, acid carbolic, p. e. M. S. Apply to the whole length of the spine. In order to regulate the administration of the bean, and to note its effects more carefully, Dr. E. requested me to divide the time with him. At 2½ P. M. I visited the boy, and found that only one dose had been given, instead of five as ordered, and his condition was as follows: pulse 92, full and strong, respirations 24, and with each a spasm and shriek. By holding his breath the

spasms could be avoided for a short time. The muscles of the left side of the face were spasmodically contracted while those of the right side were paralysed. The boy complained so much of the pain of his back that further counter irritation was abandoned, and the calabar bean continued until 6 P. M., when the dose was increased to gtt. viij. and at 7 P. M. to gtt. x. At 10½ P. M., as also at 11, chloroform inhalations were used with temporary benefit. On leaving the patient for the night gtt. v. of the bean solution were ordered to be given every hour, and gtt. xx. tr. opii. at 12, P. M.

June 5th. Very restless during the night; opisthotonos slightly decreased; clonic spasms at rather longer intervals. ℞. Sol. calabar bean gtt. x. every half hour. Beef tea and whisky at regular intervals. P. M. rather easier, all the muscles much relaxed, the sardonic grin considerably modified; the paralysis, however, remained. Midnight. In a maudlin condition from too much whisky. All medicine stopped for the night.

6th. A. M. Restless during the night, with a tendency to sleep between the spasms. This morning the spasms occur more frequently. ℞. Sol. calabar bean, gtt. x. every hour. M. Much quieter, but complains of intestinal pains. ℞. senna and manna. Night, Reduce dose of bean one-half during the night.

7th. Restless, pulse 80; respiration 40. Having had no movement of the bowels, ordered ℞. calomel, gr. x., resinæ podophyllin gr. ij. M. Afternoon. Considerable improvement; spasms 2 to 4 per minute; bowels freely opened; continued bean, whisky and beef tea.

9th. Rested better last night; spasms infrequent and much diminished in force; bowels had been gently moved; some desire for food. Afternoon. Gave large doses of whisky an gr. ij. podophyllin, and repeat in 8 hours if it fails to act. Night. Pulse 100; respirations 40; considerable intestinal pain; stop the bean.

10th. Intestinal pain; spasms diminished in frequency; considerable rigidity of lower limbs; abdomen tympanitic. Rested well last night. Pulse 84, respirations 40. Renew the bean and give a cathartic.

11th. Noon. Pulse 88, respiration 32. Take 15 drops of the bean solution hourly, and whisky regularly. Night. Pulse 84. Spasms rather more frequent. Found the bean had been discontinued, ordered it renewed and continued as before. As the bowels have been too freely moved, ℞. Tr. opii. camph. ℥j. morph. sulph. gr. j. Dose ℥j.

12th. Slept well last night. Pulse 92; bean continued. Afternoon.—Pulse 84; respiration easier; spasms rather more positive.

13th. Can move his legs and turn himself in bed. Pulse over 100. The room hot and foul, and bowels confined. Give podophyllin, and continue the bean. Afternoon.—Check the bowels by small doses of opium, and stop the bean.

14th. Much pain in the abdomen; otherwise easier. Limbs stiffer; pulse 84; respirations 28. Resume the bean. Night.—Abdominal pains still persist, with some spasm. Continue bean in ten-drop doses every hour during the night, and give a dose of the morphia solution, to insure sleep.

15th. Much improved; can carry a cup to his mouth without assistance, and bend the right leg considerably. Pulse 96. Continue the bean and whisky, and give a little sulphuric acid lemonade. Night.—Feverish; continue the bean until 11 o'clock, then give an anodyne. Pulse 72.

16th. Considerable improvement in general appearances. ℞. Syr. senna aromat., f.℥ss. every hour until bowels are moved. Continue bean and whisky. Pulse 88; respirations 44.

17th. Peevish; pulse 104. Legs flexible; tolerably free use of his hands and arms. The expression of the face now only affected by the facial paralysis; the jaws can be opened, but not very widely. For the last three or four days the clonic spasms have been very slight, and the only remaining indications of tetanus are the stiffnesss of the masseters and the dorsal muscles.

20th. Bean been regularly given. All pain has ceased, and he can turn slowly from side to side; can protrude the tongue, but with a spasmodic movement, and tendency to the right side. Pulse 88; respirations 32 to 40. No spasm for several days; back nearly straight; countenance natural, with the exception of the right eye, which remains more widely opened than the left, and cannot be entirely closed. Treatment continued.

22d. Much improved in every respect, and from this day the improvement was gradual until July 10th, when he was discharged.

In this case the indications were to support the patient and relax the spasms. All other treatment was but temporary, and such as was called for by the current symptoms. The use of opium was especially avoided, and whisky substituted, as affording support, as well as for its anodyne impression. In the use of the bean, it would appear advisable to push it, in large doses,

in the early stages, until the spasms are modified. The contraction of the pupil is an unreliable sign, as it was not seen in this case, although looked for anxiously. The drug had been tested upon a pupil dilated by atropine, and was found to act promptly.

Dr. Fay. When was the healing of the wound completed?

Dr. Erich. It was entirely well before the tetanus commenced. He never had had spasms before. In regard to the action of calabar bean, it does not derange the digestive functions, as this boy had a good appetite as soon as the pain would allow him to eat, and on this account it is to be preferred to nicotine.

Dr. Hartman. Is it not claimed for it, that it increases the appetite?

Dr. Erich. Have not seen such a claim, but it is asserted that it acts on the bowels. In this case it did not do so, for in the earlier part we used podophyllin, and in the later, senna.

Dr. Arnold. This disease has been one of the bugbears of the profession, and always considered hopeless, and I sincerely hope that the ordeal bean will prove an efficient remedy, and not share the fate of many similar ones. Medical journals teem with reports of cases cured by tobacco, quinine, opium, etc., as also of cases which were left entirely to nature, and recovered. It is a question, whether the ratio of cures under any treatment is much greater than where the cases are abandoned to nature. There are cases mentioned in which the bean has failed, because they were very severe, and seen too late for the remedy to have any effect. Mild cases will get well under directly opposite modes of treatment, and it is in these severe cases that a remedy must be tested. In severe cases, I cannot see that any form of treatment has proved of much use. Pathology has left us in the dark concerning the nature of this disease, and as in asthma and epilepsy, no pathognomonic lesions have been seen. We consider it a functional disease, and at present our only hope is in supporting our patients until the disease exhausts itself.

Dr. Stein. I would not like to assert that the bean and supporting treatment cured this case, but we noticed that as the drug was continued or intermitted, the boy was better or worse. It evidently has some controlling influence, and, this admitted, it is our duty to give it a fair trial in these cases.

Dr. Erich. Dr. Arnold says that the very bad cases are the ones to test the efficacy of a remedy. We have no treatment for the very bad cases of any disease. If we find that a larger number are cured under one form of treatment than another, we must give the credit to the remedy. Three cases reported, in which woorara was used, resulted fatally. Tobacco had such a disturbing influence on digestion, and is so depressing in its effects, that it cannot compare with calabar bean. I have used opium in two cases; both died. It only stupefies, and has no curative effect. I would use whisky in preference.

Dr. Morfit. It is impossible to tell how much of the favorable result in Dr. Erich's case to attribute to the bean, and how much to the supporting treatment used simultaneously. I should like to see it tried by itself before I could place any great amount of confidence in it. Many cases will get well, whatever we do, if we can get them past the ninth day, so it is almost impossible to say what is a specific. Do not see how it is that all the effects were attributed to the bean, and none to the whisky, etc. If this is so powerful a depressant, it must do harm if it does no good, and we have to combat its depressing effect. Let us try it, and if it succeeds, I shall be glad of it. The statistics of death average about the same, whether we treat one way or another.

Dr. Stein. The amount of whisky was too limited, and we knew how much he was getting. Do not propose to detract from the supporting measures—they were necessary, and we give them all credit—but the relaxation of the spasms was the action of the calabar bean.

Dr. Arnold. We should always recommend that the golden medium between great skepticism and easy credulity be observed. We should be very dubious when any Eureka is heralded as a specific. I am very skeptical in regard to calabar bean. Evan Watson, years ago, recommended this very thing. It is to be supposed that it was tried extensively, yet he only gives six favorable cases, (four of his own, two of others,) which is a very insignificant result. The real test is to see what it can do in very bad cases. It is owing to easy credulity that our therapeutics is in such a state. As soon as a case does not die under a particular form of treatment, the physician rushes to the journals, and publishes it. This remedy undoubtedly has an effect upon spasmodic cases, but to claim that it is a specific, or greatly increases the ratio of cures, is claiming too much.

Dr. Erich. We do not laud it as a specific, we only wish to induce others to test it, and this can do no harm. Its physiological action is to relax spasm, and it kills by suspending respira-

tion, or the heart's action by abolishing muscular contraction. It is used on criminals in Africa. It has been tried on dogs as an antidote for strychnia, and if administered soon enough, the animal was saved. I would rather try this, because there are not so many objections to its use as that of opium, etc.

Dr. Morfit. We know but little about this remedy. Like woorara, its source of supply and strength is uncertain. I would only use it in very bad cases, and upon which I wanted to experiment.

Dr. Fay. It is easy and true to say that a single case proves nothing, as we can only rely on a large number of cases. The tendency is, when a patient recovers, to be encouraged and to hope that we have found a remedy which will prove valuable in all cases. We should be careful not to be too incredulous, lest it be not used. It is worth experimenting with.

Dr. Erich. The remarks of Dr. Morfit, comparing calabar bean with woorara, are not exactly correct. The last edition of the Dispensatory contains a description of it, and we can procure a uniform supply. Oculists have used it for a long time.

Dr. Stirling. I do not see how this can be called a case of traumatic tetanus. All the cases which I have seen in hospital the wound was very troublesome. I remember three cases: the first took opium, chloroform inhalations, and chloroform internally; recovered. The second, opium; died. The third had some thirty or forty different remedies; recovered. Hard to tell to which remedy to attribute this favorable result.

Dr. Erich. Authors state that traumatic tetanus is more likely to occur after the wound has healed. I had one case of this kind, in which the wound had entirely healed.

Dr. Stirling. Such was not the experience of surgeons during the war.

Dr. Stein. There is sufficient evidence in the facial paralysis of this case to prove it was of a traumatic character.

Dr. Arnold. I shall be pleased if this proves successful in the treatment of tetanus, but I must still express my doubts about it. We neglect too much the study of the natural history of disease, and spend our time in a mad race after specifics. Time will settle the question.

—— A son of Rev. Dr. Stiles, of Richmond, Va., was recently instantly killed by falling from a tree at Allegheny Springs.

Editorial Department.

Periscope.

A Case of Writer's Palsy, in which Electricity was Used with Success.

Dr. Geo. McC. Miller, M. D., Assistant-Surgeon U. S. A., Fort Reynolds, Colorado Territory, writes to the *Leavenworth Medical Herald* as follows:

The following brief notice of a case of *Writers'* or *Scriveners' Palsy*—the *paralysis scriptorum* of the older medical authors—in the treatment of which I availed myself of the remedial powers of electricity, with a highly gratifying measure of success, is here presented as a slight contribution to the interesting and important department of Electro-Therapeutics.

S. A., a Sergeant of Company L, 7th U. S. Cavalry, aged twenty-eight years, appeared at sick call January 24th, 1868, affected with writers' palsy, consisting in a loss of the power of flexing the last phalanx of the right thumb, and consequent inability to wield the pen. This morbid condition was caused by excessive writing for four or five days previously. He was at the time acting Sergeant-Major of the Post, and had a large amount of clerical duty to perform in the Adjutant's office. His general health was good, excepting a slight degree of anæmia. As to the treatment, I enjoined entire abstinence from writing; cold douches to the thumb, forearm and hand; a one-grain pill of *ferri sulphas exsiccatum* three times a day; generous diet; horse-back exercise, and a tonic regimen generally. No improvement taking place at the expiration of a week, I commenced the use of *extractum nucis vomicæ*, in doses of half a grain, soon increased to one grain, three times a day. The medicine was continued for about three weeks, and then, manifesting its usual toxical effects in a moderate though well marked degree, was omitted. After an interval of a week it was resumed, and used for three weeks longer. Its toxical effects were again exhibited, and I desisted from its further employment, as it had not the slightest appreciable effect upon the paralysis. I was also apprehensive of the cumulative action attributed to the drug by some pharmacologists; I then commenced the use of electricity, transmitting a continuous current along the *flexor longus policis*, the muscle that flexes the terminal phalanx of the thumb. The instrument employed was the improved Magneto-Elec-

tic Machine of Davis & Kidder. The electricity was used daily for about five weeks, ten minutes being occupied at each sitting. On the second day of its employment a slight amelioration was evident; improvement went on gradually until April 21st, when he resumed his clerical duties, being able to flex the affected phalanx almost as well as ever, and to write very satisfactorily. The beneficial influence of electricity was very striking.

As germain to the above history, I will take the liberty to add that I have resorted to electrization, general and local, in a few other cases, with decided advantage. In two cases of chronic muscular rheumatism, occurring in old men residing in this vicinity; in a case of general atony, and one of a relaxed condition of the ligaments of the left wrist joint, consequent upon a sprain, the application of this remedy was productive of benefit, and, in the last case, assisted by other measures, effected a cure.

Ozone.

Dr. H. Day, in a report on this article made to the St. Andrews Medical Graduates' Association, gives the conclusions at which he has arrived, the most important of which we subjoin:

There can be no escaping, at this moment, from the theory that ozone is a modified condition of oxygen, indeed, is oxygen plus force, which force is probably used in condensation—in other words, the power or capability of oxygen to combine with itself.

For the production of ozone in the laboratory, no method is so good as that accomplished by the aid of the induction coil. The production of ozone in the air, if it be there, is not yet in any way definitely understood.

The ordinary tests for ozone are imperfect, not because they will not prove the presence of ozone, but because they prove too much—that is to say, the presence of other bodies also common to the atmosphere.

In its action on the body the effects of ozone seem to be confined to the respiratory passages and structures, in fact, it is purely local in its action, resembling closely diluted chlorine and diluted bromine in vapor; the phenomena induced, varying in intensity, may be catarrhal, bronchial, or pneumonic, nor is there any evidence of any class of diseases from ozone.

On dead matter, ozone exerts a powerfully destructive action, resembling in this way chlorine, iodine, and especially bromine.

Ozone is a disinfectant and deodorizer, belonging to those bodies which disinfect and deodorize, by resolving and decomposing into primitive and innocuous forms, competing in this respect with substances already named—*i. e.*, chlorine, bromine, and iodine. It possesses these qualities in a less degree than chlorine and bromine, and is, in many cases, not so applicable as iodine.

As a preventive of disease, ozone can only act by destroying organic animal poisons, in which respect it may be compared with the substances I have more than once named. With regard to the disinfecting and deodorizing powers of ozone, I would refer you to the opinions of the late Dr. Barker, contained in the Hastings prize essay for 1865. The subject of comparison, and indeed the whole subject of deodorizing and disinfecting, is there so admirably, so exhaustively discussed, as to leave, it seems to me, nothing further to be said on the subject.

Lastly, as a remedy. In the form of ozonized oil, of ozonized ether, and ozonized water, it once more ranks with a similar combination of remedies, containing chlorine, bromine, and especially iodine. Whether, in any respect, it may prove to have greater advantages than the last named trusty and ready agent, can only be conclusively arrived at by determining whether it will do what iodine will *not* do, and this can only be decisively made out by applying to it the test of inductive philosophy—a rigid exclusion of all that is ineffective.—*Med. Press and Circular.*

Medical Rashes.

Dr. Tilbury Fox, in an article in the *Lancet*, quoted in the *N. Y. Medical Journal*, says, that under the use of flannel, local heat is intensified, and itching often increased and kept up. He gives as a practical rule, "whenever you have a congestive state of the skin, or any disposition to neurosis, take off the flannel, and place it, if necessary, outside the linen, this will prevent any catching cold." The diseases in which he advises this change are chiefly erythemata, roseola, urticaria, syphilodermata in their earlier stages, scabies and prurigo.

Scratching. 1. May produce an eruption, as in pruritus, it gives rise to excoriations, an artificial eczema, general enlargement and turgescence of the follicles of the skin, with perhaps abrasion of the cuticle over and above them, wheals in a nettle rash subject, ecthymatous pustules in the ill conditioned.

2. It augments and modifies existing eruptions.

3. When the disease is non-contagious, secretion, if present, may be transplanted, and, when acrid, set up local inflammation. When the dis-

ease is contagious, scratching is the surest mode of inoculation.

Medical Rashes. Hardy has especially mentioned an eruption produced by the inunction of mercurial ointment. It is an erythema upon which vesicles form and pour out a thinnish clear fluid. The vesicles are quickly broken, the contents desiccate, and the redness remains for a week or ten days. It is clearly a local disease, and not a true eczema.

Nitrate of silver darkens the skin, the silver being deposited in the lining membranes of some of the vessels, it is thought.

Arsenic. Dr. Fox has never seen this drug give rise to eczema, (nor does he mention melasma), but has seen it cause a lichen of the face, arms, neck and hands. Erythema of the palms of the hands and of the face, with puffiness of the eyes, is also sometimes produced.

Iodine brings on erythema of the face. Croton-oil used in friction, not unusually gives rise to an erythema of the face. Dr. Fox has seen this symmetrical and with distinct heat, lasting a few days, and this where there could have been no direct application of the remedy to the face.

Bromide of potassium causes erythema and swelling of the nose, and when given largely, an ecthymatous eruption.

Iodide of potassium may induce purpura in predisposed subjects, (no mention is made of that form of acne caused by iodide of potassium.)

Belladonna produces a rash of rosy hue, fever, dry throat, and dilated pupils.

Copaiba, a rash well described by Judd, a rosy erythema of "pumiceous" aspect, as though the skin had been bitten by insects.

Arnica may produce erythema and swelling of the parts to which it is applied.

Sulphur, in some cases, gives rise to a dry, red, dirty aspect of the skin, with an attempt at the formation of vesicles, perhaps an artificial eczema and subsequent pityriasis, accompanied by much itching.

Carbolic Acid in Burns.

The *Druggists' Circular* says: Having received inquiries as to the proper strength of the solution of carbolic acid to be used in burns, we asked Dr. Squibb for his formula, as he had publicly recommended it from his own somewhat extensive experience. In answer he has forwarded the following note:

"*My dear Sir:* For burns of the second degree, where the cuticle is lost or broken, the officinal creasote water, diluted one-half, is about the best application. When the cuticle is not broken, the same solution of full strength is better. I send you herewith a sample bottle of a solution, which is somewhat stronger than the officinal solution, but which we have long habitually used in my laboratory, where burns are not infrequent. This is a cheap and inelegant form, which I am now putting up for the Board of Health, and which I desire to introduce for popular use. The label will tell you the story. These quart bottles are sold at two dollars a dozen, a price which I think you will not regard as dear. * * * * * *

"Very truly yours, E. R. Squibb."

The *officinal* creasote water is a drachm of creasote to a pint of water. Many of the solutions of carbolic contain about one per cent. of the acid, which is a convenient strength for general use. This preparation of Dr. Squibb's ought to be kept in every house as a common disinfectant and purifier. It certainly is cheap enough to suit the purse of anybody. The proper way of using it in burns is to saturate cotton (or rags), and fix it on the part, taking care to prevent it from becoming dry.

Styptic Paper.

The styptic properties of perchloride of iron are well known, but in many cases it is inconvenient to carry about and to apply in case of need. A method of preparing paper with this substance, so that it can be carried safely in the pocket, at the same time preserving the styptic quality has been invented in Paris. The paper is first dipped in a solution made of one pound of gum benzoin of the first quality, one pound of rock alum and four and one-third gallons of water. This mixture is heated in a vessel, carefully tinned inside, up to the boiling point; and the solution is to be kept boiling for four hours, and skimmed from time to time. The water evaporated is to be replaced by the same quantity of fresh water, and, as soon as the solution is cooled, it is to be filtered off. The paper or tissue is then dipped into it, and to be kept there until sufficiently saturated; it is then to be carefully dried. When dry, a solution of the perchloride, in a more or less concentrated state, is applied by a brush or roller. The paper or tissue thus prepared is folded up and preserved from the action of the air by wrapping it in a piece of waterproof taffeta, prepared with the addition of resinous substances, and in this manner it can be preserved any length of time always ready for use. Its application to small wounds will stop the bleeding almost instantly. —*Scientific American.*

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 19, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE ARMY MEDICAL STAFF of PRUSSIA.

We have several times recently printed communications commenting on the Army and Navy medical staffs of the United States. For the sake of comparison we now give a description of the Prussian Army med cal staffs as reorganized in 1867, gleaning many of our facts from a recent paper on the subject in the *London Lancet.*

Some of the best men in the kingdom, Stromeyer, Langenbeck, Löffler and others, were assembled to devise a plan which would give the greatest capacity to the medical branch without interfering with the regular line. The warrant of the 20th February, 1868, was the consequence of their report. By this a sanitary corps was created, which is to include the medical officers of the army and navy. This corps no longer belongs to the civil departments of the army, but its officers are classified with combatant officers, without, however, giving them the names and titles of combatant officers. The following gives a short view of the establishment, including the medical officers of the whole North German Confederation (except the Grand Duchy of Hesse, Saxony, and Mecklenbeng):—An indefinite number of Sub-Assistant-Surgeons (ranking as Sergeant-Major); 397 Assistant-Surgeons (Ensign); 266 Assistant-Surgeons (Lieutenant); 317 Surgeons (Captain of 2d class); 155 Surgeon-Majors (Captain of 1st class); 52 Surgeon-Majors (Major); 10 Inspector-Generals (Lieutenant-Colonel); 4 Inspector-Generals (Colonel); 1 Director-General (ranking as Major-General).

The ranks are not so high as in the English army, but this is not considered a disadvantage, because the rank of surgeon-major, for example, being the same as that of the commanding officer of the regiment, is likely to lead to difficulties. But on the whole they are higher than in the American army.

There is, however, one very important point conceded to medical officers in the Prussian Warrant—namely, the disciplinary power over all men of the hospital service, army hospital corps, purveyors, apothecaries, nurses, etc. Every hospital has at its head a principal medical officer. Combatant officers have nothing to do with the hospitals; medical officers are alone responsible for them. The amount of power and authority accorded to army surgeons is regulated by rank and seniority, diminishing of course as we descend from the General Stabs Arzt, who possesses powers equivalent to those of a general in command of a division, to the subordinate ranks of the department. In all that relates to his own service, the Prussian medical officer is therefore vested with and exercises full disciplinary powers.

This is what is most urgently demanded in our own service, and without which it never will be fully efficient.

In all other directions there are the same institutions for combatant and medical officers alike. Sub-assistant surgeons, before being promoted assistant surgeons, must be selected by their brother officers. In this way, a man's character as a gentleman is considered as well as his professional qualifications.

All medical men can be employed by the Director-General wherever he wishes—a directly opposite system to the regimental one. Leave is also granted by the medical superiors, the commanding officer simply expressing his opinion.

On reviewing the whole matter, we must say that a very important step has been taken in Prussia. The *Lancet* adds that the medical officers have not attained the position they have in the United States army; but in this it manifests an ignorance of "Regulations;" but

there was no tradition to overcome in that country. The Prussian medical officer does not obtain all the rights of combatant officers as concerns the presentation at Court, equal claims to forage, military funerals, etc.; but they cannot fail to obtain these rights at some future period. On the whole we can and ought to learn much and adopt much from this organization.

PROFESSIONAL ETIQUETTE.

There are a number of questions in medical ethics and medical etiquette upon which the mind of the profession is greatly divided. With the increase of medical organizations, and the additional stringency which their rules and regulations impose upon their members, a second party is created, which is constantly growing in strength and demanding with increasing importunity a fair hearing. This second party claims greater freedom in the relations of regular physicians to female practitioners and irregular graduates; it maintains that in surgical mechanics an inventor has a legal right, which it is his duty to himself and his family to insist upon, to the products of his inventions; it asserts that the objections urged against public hygienic and medical instruction are unfounded; it defends the specialist who brings his capacities to the knowledge of the community by advertising; it proclaims that so long as a physician is truthful in his statements, honest in his representations, and honorable in his personal relations, there exist no rules governing his business actions at all different from those of any other occupation. It regards the profession in the light of a trade or as one of the means of making a living, and little or nothing more, and insists with every appearance of probability that whatever to the contrary may be said, this and this alone it is to the vast majority of practising physicians.

It further points out that these regulations and ethical rules bear unfairly and unequally, hindering the young and energetic member while often shielding from well deserved disrespect the superannuated and incompetent; that moreover they are most unfairly enforced, a member of an organization being perhaps expelled with unbecoming haste for consulting with an irregular practitioner or delivering a lecture in a regular female college, while at another time one confessedly guilty of scandalous and disgraceful practices will be shielded and defended, and every exertion made to avert well deserved punishment; that finally their very stringency often permits regular practitioners to gain profit by those very habits and tricks which are condemned in quacks, and inconsistent with thorough honesty.

These arguments have been at divers times brought before medical associations, and are generally "choked down" as *inconvenant.* But they are daily becoming more deeply felt, and it is quite time that they be fairly met and discussed.

The illiberality of many medical men in this respect often arises from a fear of injuring their own pockets, and consequently is worthy of little respect. And the avoidance of these questions cannot much longer be continued.

So long as a person is a member of a society he should conform to its rules, and no honorable man would subscribe to a series of By-Laws which he did not intend to observe; so in the profession, no one should claim to be a member of it in good standing who declines to act according to the code of ethics it lays down. But there is no reason why this code should not be discussed and modified to suit new circumstances and unexpected contingencies.

Notes and Comments.

Premature Interments.

A week or so since we spoke of an invention of a Frenchman to prevent this casualty. We add a trial recently made at Newark, N. J., of one by an American inventor, as given in the *N. Y. Tribune.*

"At the hour named the inventor made his appearance and laid himself in the coffin, the lid of which was fastened by four screws, two on each side. This coffin was of the ordinary description, with the exception of a wire screen immediately at its head. The coffin was then ornamented with a cross and a quantity of leaves

and white flowers, and the whole—man, coffin, cross, and flowers—lowered by straps into the grave. A large box, rather larger than the customary ones, with a hole two feet square at the head, directly over the coffin screen, was then lowered into the grave. Another box, about two feet in width and seven feet high, was placed in an upright position, one end fitting exactly into the square hole in the coffin box. The earth was thrown upon the box, around the upright, and all was ready for the test. In the upright box was a flight of stairs, by which the ascent to the "upper crust" was to be made. One curious individual looked down the upright, and, seeing the inventor wiping the perspiration from his brow, asked if it was "warm down there?" He narrowly escaped being put from the grounds by the excited Germans present. About an hour after the "burial," Mr. Vester pulled himself from his coffin by means of ropes attached to the lower portion of the upright, and ascending to the stairs, again appeared upon the earth. He was greeted with kisses and other manifestations of warm approval by a number of his ardent admirers. The exhibition passed off very successfully. Those who witnessed it are divided in opinion as to the utility of the invention. The inventor proposes to place a sort of alarm upon the upright, that the person interred can attract the attention of parties in case assistance is needed, and also intends to place shelves in the upright, within reach of the party buried, on which stimulants may be placed. The invention is claimed to be of inestimable service where parties have been interred in a trance, as well as to relieve persons of the sorrowful thought that perhaps their friends have been buried alive."

What Breaks Down Young Men.

It is a commonly received notion that hard study is the unhealthy element of college life. But from tables of the mortality of Harvard University, collected by Professor Pierce from the last triennial catalogue, it is clearly demonstrated that the excess of deaths for the first ten years after graduation is found in that portion of each class inferior in scholarship. Every one who has seen the curriculum knows that where Æschylus and political economy injures one, late hours and rum-punches use up a dozen; and that the two little fingers are heavier than the loins of Euclid. Dissipation is a swift and sure destroyer, and every young man who follows it is, as the early flower, exposed to untimely frost. Those who have been inveigled in the path of vice are named "Legion," for they are many—enough to convince every novitiate that he has no security that he shall escape a similar fate. A few hours of sleep each night, high living, and plenty of "smashes," make war upon every function of the human body. The brains, the heart, the lungs, the liver, the spine, the limbs, the bones, the flesh, every part and faculty, are overtasked, worn, and weakened, by the terrific energy of passion loosed from restraint, until, like a dilapidated mansion, the "earthly house of this tabernacle" falls into ruinous decay. Fast young man, right about!

Death of Professor Schonbein.

The Atlantic Cable reports that Christian Friedrich Schönbein, of Basle, died recently at Baden-Baden.

He was born at Würtemberg, October 18th, 1799, and at an early age devoted himself to science; but, being far from rich, had to teach in order to get means to complete his studies. In London, which he visited in 1826, he became acquainted with Faraday; and in 1828 was appointed Professor in the University of Basle, in Switzerland. He became famous in a few years for the boldness and originality of his generalizations; and, although always inferior to several contemporaries, as an experimenter, has, perhaps, never had a superior as a theorist.

In 1839 Schönbein made his great discovery of ozone, the form which oxygen assumes under severe electric discharges, and which gives to the air the peculiar odor which prevails after a stroke of lightning. This discovery gave the first impulse to those fruitful inquiries into the influence of different conditions of the atmosphere upon health, which have occupied the attention of M. Schönbein and other chemists for many years.

Twenty years later, in 1859, M. Schönbein discovered "Antozone," another form of oxygen, which, however, is as yet known only in such compounds as the peroxyds of sodium and potassium. These remarkable results are as prominent as almost any in modern chemistry.

In 1845 M. Schönbein invented gun cotton; and for more than a year there was a general belief that the whole military system of projectiles would be changed by it. But the explosive violence of the gun cotton was found too great and too uncontrollable for this use; and it was employed chiefly for blasting.

But among the singular properties of gun cotton, it was found to be perfectly soluble in ether, and after many experiments by chemists, this solution, to which the name of collodion had

been given, was found to be the best material to be "sensitized" for photographic impressions. Mr. F. Scott Archer announced in the *Chemist* of March, 1851, his success in making iodized collodion for this purpose, and from that time, the art of photography may be considered a success.

M. Schönbein was the author of several treatises on iron and its combinations with oxygen, on physical chemistry, on combustion, and on the results of his own discoveries. In private life he was universally esteemed.

Health of Providence, R. I.

Dr. Snow in his monthly health report says:

"There was a large increase of mortality in Providence during the month of August, and, as will be seen hereafter, especially among very young children. The first three days and some other portions of the month were characterized by great heat and extreme moisture, producing an atmosphere plainly laden with poison to the public health. We have not for several years in Providence seen any time when the causes of disease was so palpable in the atmosphere, as during some portions of the month of August. Similar effects were seen in other cities, and in most of them to a far greater extent than in Providence.

"There has been no reason to suspect that any increase of mortality has occurred in this city on account of diseased food, animal or vegetable. On this subject it is probable that the ideas commonly entertained by the people are to some extent erroneous. We are satisfied that much more *acute* disease is caused by the air we breathe than by the food we eat. Even when food is the apparant cause of sickness, the real cause is often the foul air that has brought the system into a condition to be acted upon injuriously by food, which under other circumstances would do no harm."

The Action of Anilines.

Now that the preparations of aniline are used so extensively in the arts, it is well for physicians to study the effect of these organic compounds on the animal economy. In a late number of the *Comptes Rendus*, two French physicians, Jolyet and Cahours, relate the result of their experiments on frogs with methylaniline, ethylaniline, and amylaniline. While the vapor of aniline caused convulsions and cramps, that of methylaniline produced only a dull, stupid condition, passing into a paralysis of reflex action and respiration. The cardiac motion continued, the excitability of the nerves was diminished, but not of the muscles.

Nelaton a Senator.

Nelaton has been made a Senator—an honor which until now has been withheld from French surgeons. Now that a precedent has been established, we hope we shall hear of more liberal honors being bestowed on the profession in France than hitherto.

Correspondence.

DOMESTIC.

An Anomalous Case in Obstetric Practice.

Editors Med. and Surg. Reporter:

I was called on the 29th of August last, in consultation, to see Mrs. F., residing seven miles from this village, who had been in rather severe labor for about sixty hours.

The physician in attendance stated that he had been unable to find the os uteri, but did not know whether that was owing to its extreme obliquity or to absence of the os. Upon examination I found that there was no obliquity. I could reach the posterior vaginal cul de sac, and sweep the finger entirely around the presenting part of the uterus, up to its vaginal connection.

The vertex could be felt through the uterus, which presented a slight convex, perfectly smooth surface, excepting a slight papilliform projection in the centre of the depending part, where the os should have been. *There was no opening*, unless possibly a very small fistulous one under the pabilla above mentioned, but which was too small to be palpable, or to afford a sufficient "*point d'appui*" for commencing dilation. I proceeded at once to make an artificial opening, which was readily done by passing up a bistoury upon my finger, and making a crucial incision half an inch in diameter. The uterus then gradually dilated, and in two hours the head was engaged, and in two hours more had reached the inferior strait, which proved to be abnormally contracted in all its diameters. After waiting an hour, the pains being strong and expulsive, and the strength and courage of the patient rapidly waning, I applied the forceps, and with considerable difficulty, making vigorous traction and compression of the fœtal head, succeeded, in twenty minutes, in delivering a living and vigorous child. Mother and child since doing well.

The following history of the case will throw light upon the cause of the obliteration of the cervix, for such it was, and not simply agglutination of the lips.

The woman was confined for the first time some three years before; was sick three or four days; and finally, the physicians, of whom several were in attendance, performed craniotomy—the head being locked at the inferior strait—and they deciding that the use of the forceps was impracticable.

They then used "tooth forceps" to remove the cranium, and after much "work" succeeded finally in removing the mutilated child. The woman had a tedious convalescence; and I presume had inflammation of the cervix, as there was profuse fetid and purulent discharge per vaginum, but finally got well; menstruated regularly, but with difficulty and pain; and finally, conceived again.

There must, of course, have been a fistulous connection between the vaginal canal and the uterus, but I think this became obliterated after pregnancy began, and that when labor began there was complete obliteration of the cervix.

W. F. Ridenour, M.D.

Oberlin, Ohio.

Preparation of Quinine Pills.

Editors Med. and Surg. Reporter:

In the Reporter of April 11th, 1868, Dr. W. Stump Forwood, of Maryland, contributes an article upon the most eligible mode of preparing pills of sulphate of quinia, and proposes an addition to Parrish's formula for the preparation of these pills. The objection to the process proposed by Dr. F. is, that the mass still remains friable, or soon becomes so, after the addition of the second portion of the aromatic sulphuric acid, and the same expedition is necessary in the treatment of the mass, that was requisite before the second addition of acid was made.

I have long been in the habit of preparing quinine pills in a manner much more satisfactory than that above referred to, which, with your permission, I will lay before your readers.

I add to the sulphate of quinia, a small quantity of tartaric acid, and, after thoroughly incorporating the two in a glass mortar, add a very small quantity of water or syrup.

The mass at once assumes a soft consistence, which is retained for some time, and admits of its being rolled, treated with drying power, and otherwise handled, as the pilular mass made by other substances. This permanence gives one not skilled in pharmacy ample time to prepare the pills without haste; a *sine qua non* when uniformity of size is desired. Should the mass become dry, a little water or syrup will restore it to a proper consistence.

The formula which I employ is as follows:

℞.	Quiniæ sulphatis,	℈j.
	Acid, tartaric,	gr. iv.
	Aqua,	♏ j.

Triturate the quinia with the acid until thoroughly incorporated, then add the water. Divide into any number of pills desired. If the acid is dry this quantity of water is right; if it contains much water of crystallization, it is too much. The advantages of this formula are: 1st, the mass is tenacious, and easily worked; 2d, it does not readily lose its pilular consistence, thus enabling the operator to prepare a large number of pills at once; 3d, the bulk is small, being no larger than when made by Parrish's formula, and 4th, it can be prepared by any one possessing the most ordinary pharmaceutical skill.

Louis E. Atkinson, M. D.

Thompsontown, Aug. 26, 1868.

Spontaneous Evolution.

Editors Med. and Surg. Reporter:

On April 19th, at 2, A. M., I was called to see Mrs. Ellinghausen, living five miles distant. Mrs. E. was born in Germany, æt. 26, and mother of two healthy children. She was in the 8th month of pregnancy; and was, as she supposed, in consequence of severe exertion on the 17th, taken with labor pain on the evening of the 18th. A midwife, so called, was in attendance. The membranes had given way during the first pains and all the waters discharged. I found the left hand and arm protruding. There had been no pains for more than an hour. I at once returned the protruded parts and sought to obtain a foot; before I could succeed, pains returned so severe and continuous, that in less than half an hour the child was born without version; the head pressed against the chest, but the sternum had not given way. The child had to all appearance been dead for hours, was small, weighed 4lb. 8oz. I visited Mrs. E. for several days after delivery, no untoward symptom appeared, she made a rapid recovery and was able to sit up and sew all day on the 15th day after delivery. A. D. Paulus, M. D.

High Hill, Texas.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

News and Miscellany.

Report of Wills' Hospital.

The following summary shows the work of Wills' Hospital for the month of August, 1868: Patients admitted in August—males, 11; females, 4. Total, 15. Patients discharged in August—males, 12; females, 6. Total, 18. Of these there were cured, 14; improved, 3; unimproved, 1. Patients now in the hospital—males, 6; females, 5. Total, 11. Surgical operations in August—On house patients, 17; on dispensary patients, 18. Total, 35. Number of new patients applying at dispensary, 211; number of old patients applying at dispensary, 65; whole number of patients treated in August, 291; from the city, 249; from the country, 42.

Poisoning.

Important—if true! Mr. John Stephens writes from Green Bay that a family down there somewhere were poisoned, and on calling Dr. Pearce, he examined the cases carefully, and finally came to the conclusion that they must have been poisoned by eating new potatoes, on the vines of which Paris green had been sprinkled to kill the potatoe bugs. If this is so, it is of the utmost importance for the people to know it, for that article has been used extensively here to kill bugs.

Aniline.

Aniline, when inhaled, produces intoxication and anæsthesia, and, when taken internally in excessive doses, symptoms resembling those produced by strychnia. In small doses it is safe, though it occasionally causes an abnormal (purplish) coloration of the mucous membrane. The colored derivatives of aniline, fuchsine, blue, etc., when free from arsenic and other poisonous admixtures, are quite innocuous, and when taken are readily excreted.

—— Dr. J. Aitken Meigs was elected one of the Physicians of the Pennsylvania Hospital by the Board of Managers of that institution, on Monday, the 7th inst. The selection is an admirable one.

—— Cholera is prevalent, according to the news brought by a late mail, amongst the native population in various parts of the Central Provinces, particularly at Jubbulpore; and the troops at Kamptee are reported to be somewhat seriously affected by the epidemic.

—— Prof. Gamgee has made a report to the effect that one-fifth of the meat eaten in Great Britain, whether beef, mutton, veal, or lamb, is diseased. Prof. Gerlach states that half the meat consumed in Berlin is diseased. How about the United States? The butchers in New York say the demand for beef has largely diminished, in consequence of popular doubt upon this point.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Barrett—Gale.—At the Reformed Church, Port Richmond, S. I., by the Rev. James Brownlee, Frank N. Barrett and Mary Edith, only daughter of Dr. A. G. S. Gale.

Creadick—Nowell.—Aug. 25, 1868, at the residence of the bride's parents, by the Rev. J. B. Maddux, Samuel Creadick, M.D., and Miss Florence Nowell, both of this city, formerly of Kent county, Del.

Gillbee—Beales.—On Thursday, Sept. 3, by the Most Rev. the Archbishop of New York, James Gillbee of Ponce, Porto Rica, and Sarah Langworthy Beales, daughter of Dr. T. C. Beales, of New York.

Purcell—Haskin.—On Tuesday, Sept. 1st, at Fort Schuyler, N. Y., by the Rev. H. J. Flattery, Dr. Jas. J. Purcell, of New York city, and Sallie Slade, second daughter of Brig. Gen. J. A. Haskin, U. S. A.

Strang—Depew.—At Peekskill, N. Y., on Wednesday, Sept. 2d, by the Rev. Mr. Johnson, Albert Strang, M.D., of New York, and Kate, daughter of Isaac Depew, Esq.

Stubbs—Haines.—At the Girard House, Philadelphia, Sept. 10, by his Honor, Mayor McMichael, Charles H. Stubbs, M.D., and Sallie B., only daughter of Timothy and Rachel E. Haines, both of Fulton Township, Lancaster co., Pa. No cards.

Williams—Cooley.—On Tuesday, Sept. 8, 1868, by the Rev. Howard Crosby, D.D., J. A. Williams, M.D., of Illinois, and Fannie, youngest daughter of the late Henry A. Cooley, of New York.

DIED.

Bacon.—Sept. 1st, near Springfield, Ill., while returning, on sick leave, from his station at Baton Rouge, La., to his home at Niles, Mich., Brevet-Major Cyrus Bacon, Jr., Ass't Surg. U. S. A., aged 32 years.

Cross.—At Elizabeth, N. J., Aug. 23, Mary R. Haines, wife of Joseph Cross, M.D.

King.—At his residence in Brooklyn, on Wednesday afternoon, Sept. 2, Dr. Theodore F. King, in the 63d year of his age.

Marshall.—At Grand Gulf, Miss., on Thursday, Aug 27, Elizabeth S. Morris, wife of St. J. Elliott Marshall, and daughter of Richard L. Morris, M.D., of Pelham, Westchester County, N. Y.

McMillan.—On Tuesday morning, the 8th inst., Arthur Henderson, son of Dr. Charles and Emeline Arthur McMillan, in the 8th year of his age.

Mead.—At Charity Hospital, Blackwell's Island, New York, Aug. 24, Dr. J. Calvin Mead, House Physician, aged 24 years.

Pennoyer.—At Harlem, N. Y., suddenly, on Tuesday, Sept. 1, Nancy Pennoyer, sister of the late Dr. Ezekiel Pennoyer, in the 80th year of her age.

Shreve.—On the 3d inst., at Berlin, N. J., Charlotte Newbold, daughter of Dr. Joseph and Catharine R. Shreve, aged 5 years.

Vanderburgh.—At Rhinebeck, on Monday night, Aug. 21, Mrs. Hester Orinda Vanderburgh, widow of the late Federal Vanderburgh, M.D.

Westervelt.—On Wednesday, Aug. 26, at the residence of Dr. J. S. Westervelt, his grandfather, New Brighton, S. I., John, infant child of Tompkins and Anna T. Westervelt, aged 27 days.

Whitney.—In New York, on Thursday, Sept. 3, Dr. Thomas H. Whitney, in the 30th year of his age.

OBITUARY.

Shantz.—At St. Peter. Minn., Aug. 22d, Samuel E. Shantz, M.D., son-in-law of E. A. Graham, Esq., of Utica.

Dr. Shantz was called, two years since, to be Superintendent of the Minnesota Hospital for the Insane, then being established at St. Peter. He was discharging his difficult and responsible office with great success, and his death is announced by the secular papers of that State in terms of profound regret. The writer of this wishes to bear his testimony to his private virtues. Of a cultivated mind, a kind heart, and gentle manners, he attracted the regard of all he met. To these qualifications he added a religious spirit and a warm attachment to the Church in whose faith and Communion he died. E. L.

Dr. Shantz was born in Waterloo Township, Canada, received his education at the University of Toronto, and at Harvard, where he finished his medical course. Was for several years a surgeon of our army in Virginia, and afterward second assistant physician in the New York State Lunatic Asylum at Utica, whence he was called, in 1866, to become Superintendent of the Minnesota State Lunatic Asylum, at St. Peter. Dr. Shantz was baptized in the chapel of Grace Church, in Utica, October 13th, 1866, by the Rev. Dr. Gibson, chaplain of the Lunatic Asylum, and confirmed by Bishop Coxe, at St. Paul's Cathedral, Buffalo, in the following week, on his way to Minnesota.

He had married an accomplished and most estimable lady of Utica, only about three months previous to his death. His life was gentle and pure, and his end was peace.

Dr. Jesse Coates.

Dr. Coates died at his residence in Coatesville, Chester co., Pa., on the 3d of August, 1868, from cholera morbus, in the 73d year of his age. The deceased had practiced medicine in the town in which he lived upward of fifty years. He was a bold, vigorous, and successful practitioner, having the entire confidence of the people of the neighborhood in which he lived. He was an honorable and high-minded man in the profession, always ready to assist the young and inexperienced with his counsel and advice. With his patients he was hopeful and cheerful, and ever ready to give them comfort and encouragement under their trials and afflictions. In his family he was a kind and devoted husband and father, and to the poor he was a sincere friend.

ANSWERS TO CORRESPONDENTS.

Dr. J. N., of N. Y.—"Some advice as to treatment of the following case of cholera infantum would confer a favor. Child, æt. 20 mos. Ill since latter part of July. Has been convalescent two or three times. Last relapse produced by cold. Has now from four to seven passages daily, some undigested, watery, some mucous—variable, sometimes will have an evacuation quite natural, but the next will be as bad as ever. Has some nausea. Diet has consisted of rice, gruel, chicken, tea, and brandy and gum water. Boiled milk will not digest. Treated, last ten days, with elixir calisaya and iron, rennet wine, small doses tr. ipecac. three or four times daily. Appetite seems good, and sleeps very well, but has not seemed to improve at all during the last twelve days."

Try bismuth and mist. cret., with the addition of a little catechu.

Eds. Rep.—"In answer to your request concerning the treatment for a patient of 'Dr. W. C. M., of Ills.,' we suggest the following, viz.

"We are of the opinion that the patient is suffering with neuralgia of the sympathetic nerve, influenced by a malarious condition of the system. We would treat him as follows: P. M., a good cathartic, cleaning out the stomach, and operating upon the liver and bowels. Next P. M., give gr. xv. of quiniæ sulph.; followed, the next A. M., with an aperient pill. The evening of the same day, give gr. x. quiniæ sulph.; followed, next A. M., with another pill, with gr. x. quiniæ sulph. in the evening, giving the third pill the following morning. Then, for about three weeks, give a tonic of quinia, strychnia, et ferri phos. Commencing with twenty drops three times a day, and increasing up to one teaspoonful. Thomas G. Herron."
Cinn., O.

Eds.—"In regard to the inquiry of Dr. W. C. M., of Ills., as to how to treat his case, I would suggest the use of quiniæ sulphat. As the pain comes on at a certain period, I regard it as a case arising from the same cause which brings on intermittent fever. M. P."
Pittsburgh.

Dr. M. A., of N. Y.—"What is the best method of bleaching the bones of the skeleton?" They are usually bleached by being placed in ether, and exposed to the sun.

Dr. A. W., of Ky—"May I rely on the statements about the Gettysburg water?" No doubt some of them are exaggerated, but it certainly has decided curative effects, and is well worth trying in rheumatic and gouty complaints.

Dr. A. P. F., of Pa.—In the first case you mention, it would be well to continue electricity, and use the hot and cold douche locally, with nervine tonics. But you must expect a tedious case.

2d. Try bromide potass. in full doses.

METEOROLOGY.

September,	7,	8,	9,	10,	11,	12,	13.
Wind	N. W	N. E.	S. W.	S. W.	S. W	W.	S. W.
Weather	Clear.	Clear.	Cl'dy Sh'r. t. & li	Clear.	Cl'dy.	Clear Sh'r.	Clear. Sh'r.
Depth Rain			5 10			1-10	
Thermometer.							
Minimum	63°	54°	56°	55°	65°	66°	68°
At 8, A. M.	72	64	69	76	80	80	77
At 12, M.	75	72	75	84	85	85	82
At 3, P. M.	77	73	76	85	85	87	85
Mean	71.75	65.75	69.	75.	78.75	79.50	78.
Barometer.							
At 12, M.	29.9	30.1	30.	30.1	30.2	30.2	30.1

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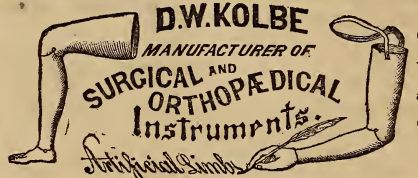

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D. HAYES AGNEW, M.D., Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery.

The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

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" " ¼ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ½ gr.	1 10	5 25
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" ½ gr.	50	2 25
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Quiniæ Valerianate. ½ gr.	2 00	9 75
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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 205.)

IV. Ophthalmoscopic Characters of the Diseases of the Sclerotica.

The strong external or investing membrane of the eye-ball enjoys a comparative immunity from disease; indeed, it may be almost said that it is never the seat of idiopothic inflammatory action, the changes of this kind that have been observed in it having extended there from the contiguous or continuous structures. This transference of morbid action is quite common, and in some cases the phenomena of inflammation are sufficiently prominent in the sclerotic as to justify us in establishing sclerotitis as a specific disease.

1. Scleritis or Sclerotitis.

Scleritis presents itself to the observation of the surgeon under two forms. The first is quite superficial, and in some cases so little marked that it remains undiscovered during life unless it has involved such great changes in the sclerotic as to lead to atrophy or staphyloma by which it can be recognized.

It is commonly restricted to a very limited extent of the exterior surface of the sclerotic, and is marked by the appearance of little whitish elevations beneath the conjunctiva, arising from the proliferating scleral connective tissue over the region of the ciliary muscle. These elevations imbedded in the superficial layer of the sclerotica are the sources of irritation, and will therefore be attended by more or less conjunctival inflammation, so that after some time the whole adnata or white of the eye becomes red. Sometimes the proliferation is confined to one or two spots of the sclerotica, generally just below the extremity of the external rectus, at others the process goes on to suppuration, forming small conjunctival abscesses which rapidly spread, and in time so impair the sclerotica as to lead to the production of partial staphyloma or prolapse of the uvea. Photophobia and severe pain in the eye and orbit are the subjective symptoms which mark this stage of sclerotitis.

But the disease may, instead of running this damaging course to the eye, recede, or the little elevations upon the sclerotic may retrograde to cartilaginous or calcareous masses.

In the second form of sclerotitis, or that in which inflammatory action has invaded the ciliary body and choroid as well as the sclerotica, we shall have the pathological conditions to be now considered in the next article.

2. Sclero-Choroiditis.

Sclero-choroiditis is specifically characterized by the occurrence, as the name indicates, of inflammation, (generally of a chronic form,) in both the sclerotica and choroid, and by giving rise to staphyloma of these membranes, either partial or general.

The inflammation by impairing the organic integrity of these stuctures, lessens their power of resistance, so that if the intra-ocular pressure remain normal the membranes must yield outwardly and establish what is known as sclero-choroidal staphyloma. This result will more surely ensue if the intra-ocular pressure is increased by a more abundant formation of the humours of the eye and a more energetic action of the recti muscles.

There may be a general expansion of the sclerotica and choroid, or the disease may be limited to a zone of those membranes, causing partial staphyloma. In the latter case, it is

designated as anterior, lateral, or posterior, according to the position of the protrusion.

The projection of the weakened and usually thinned ocular walls in partial staphyloma occurs under the form of small transparent tuberose elevations, varying in size from a large shot to that of a bean, of a bluish color, and either smooth or indented upon the surface by fibrous bands, giving the growth, in the latter case, a resemblance to a bunch of grapes. It is from this circumstance that the term staphyloma is derived. In some cases the elevation of the sclerotic is more general, occupying a larger surface, and as regards shape, engrafted upon the surface much in the same manner that the crystal is upon the face of a watch.

The staphylomatous dilatation is the seat of inflammatory products occupying its walls and cavities, consisting of the detritus of the proliferating sclerotic and choroidal tissues, and a thin watery fluid. The retina is sometimes separated from the choroid and stretches across the interval of the edges of the dilatation, but more frequently remains adherent to it, and participates in forming the walls of the staphyloma.

A curious form of this disease called annular staphyloma is produced by the giving way of the inner wall of Schlemm's canal, while the outer wall is dilated into a protrusion of an annular shape surrounding the cornea.

Partial staphyloma is usually the result of inflammation attacking a limited spot of the sclerotic and choroid; it has, in rare instances, followed a penetrating wound. When the inflammation involves the entirety of these membranes, general staphyloma is often the result, that is, the whole ocular periphery undergoes an expansion. The globe sometimes assumes an ovoidal form with the base of the ovoid at the foramen opticum, or anteriorly; sometimes it is compressed at the sides, determining a cylindrical shape, and at others the form is quite irregular.

This increase in size of the globe presses the eyelids forward, renders the eye very prominent and materially interferes with its free motions. The slight groove which naturally exists at the junction of the cornea and sclerotic is effaced by the intra-ocular tissue which puts the ciliary processes and adjacent structures upon the stretch, and by diminishing the thickness and opacity of the sclerotic in proportion to the amount of extension, the deep color of the choroidal pigment shines through the membrane giving the whole surface of the adnata a bluish color.

The anterior chamber if it be not already destroyed and replaced, as is sometimes the case, with cicatricial substance, is enlarged in all its dimensions, the iris hanging loosely, with the pupil often obstructed by exudations or unsupported by the crystalline lens whose attachments have been ruptured, permitting it to be displaced anteriorly, floats sluggishly and tremulously in the abundant fluid contained in that chamber.

While the inflammatory action is thus destructively at work in parts observable with the unaided eye, the interior structures do not escape participation. The ophthalmoscope displays pigmented and atrophic changes in the choroid and retina; the refractive media, especially the posterior portion of the vitreous humor, becomes fluidized and floculent.

In the course of the disease if no amelioration be brought, and in the majority of cases none can be, suppuration of the interior of the eye occurs, sight is completely abolished, and the globe atrophies In some cases the walls of the staphylomatous eye give way, under the increasing pressure, and a portion of its contents is evacuated, occasionally attended with severe hæmorrhage. This result may recur again and again before suppuration and atrophy do their work in ridding the globe of its contents.

We have already dwelt sufficiently full upon the ophthalmoscopical appearances presented in chronic choroidal inflammation, and they are the same that will be found in sclero-choroidal staphyloma, so that it will be simply necessary here to recapitulate the facts.

In posterior staphyloma the extension of the ocular walls will be marked upon the fundus by sharply defined and variously shaped spots, presenting a dirty whitish color and irregularly pigmented surfaces. The retina is often seen separated from the choroid, cloudy, atrophied and thinned, in some cases

even partially destroyed, what remains of it hanging in ragged fragments from its attachment to the optic disc posteriorly.

In general staphyloma the pigment will be found more generally destroyed, being sparsely scattered over the fundus in clumps which themselves present unmistakable signs of retrogradative changes, degenerating into fatty matter. In a still later stage of atrophy, the lamina fusca, is much thinned, and the vessels of the chorio capillaris and membrana vasculosa indistinguishable, so that the elastic membrane alone is perceived, thickened and usually covered with groups of choloid bodies.

Opacities are present everywhere in the vitreous humor, often obscuring the fundus and sometimes completely shutting it out from view.

3. Sclerectasia Posterior.

Sclerectasia posterior is somewhat allied to sclero-choroiditis, in that in both of them there is staphyloma, but there is this great and marked difference between them, in the former, or sclerectasia, the staphyloma always originates from and is dependent upon congenital defect in the development of the posterior zone of the sclerotic and choroid, while in the latter, inflammation is at the foundation of the disease. They may also be encountered in companionship running their course in the same eye.

Sclerectasia is always located in the neighborhood of the optic disc, usually upon its temporal side, and is quite a common disease, having been stated to be the cause of four hundred and twenty cases of amblyopia in a thousand.

The point of defective development in which the staphyloma starts, is, according to Ed. Jaeger, that small ring-shaped circle of the inner scleral fibrous layer, which closes anteriorly the interval between the two optic sheaths. As the diseaase advances, the yielding of this part proceeds upward and downward, and toward the posterior pole of the eye, until it assumes a crescentic shape, whose inner or concave margin borders upon the edge of the optic disc, while the outer one looks in the direction of the macula. The horns of the crescent are prolonged in time till they meet, or they are at last joined by a staphylomatous patch which took its rise at the inner side of the disc. This fusion of the extremities of the crescent converts it into a band entirely surrounding the optic disc. Though this is the usual progress of the disease, it sometimes proceeds otherwise; the first staphylomatous patch, instead of extending more rapidly in a curved line coincident with the margin of the disc, spreads outward, in the form of a horizontal band, toward the macula.

Upon the convex border of the crescent may be seen, in some cases, other smaller white patches, which make a junction with themselves and with it, so that this border is no longer regular and sharply defined, but notched or jagged. This circumstance is important, as it indicates that the disease is advancing.

As the yielding of the posterior zone occurs only antero-posteriorly, the vertical and horizontal diameters remain the same, the fundus acquires either a flatter or a conical shape, depending upon the manner in which the inner scleral fibrous fibrous layer gives way. The same result, however, follows—a lengthening of the optic axis, shoving the retina behind the normal focus, and thus producing consequent myopia. As the optic disc is upon one of the declivous sides of the cone, it must also necessarily be displaced obliquely to the optic axis, unless, as sometimes happens, the nasal and temporal cones make the same progress, when the disc will be simply shoved backward.

The extension of the posterior zone implies a thinning of the sclerotic, which will be attended with a bluish reflection, the optical expression of that change. It is the choroid, however, which presents the greatest amount of morbid alteration. Its pigment first begins to pale, and finally disappears from the crescentic patch, while upon its outer margin it collects in greater abundance than natural, under the form of a dark-brown curved line, conveying the impression that the pigment has been seemingly swept away from the cleared space and heaped up in the new position. It is sometimes the case that specks of pigment will be observed upon the white sur-

face of the crescent, especially at the point of entrance of the posterior ciliary arteries. The vessels of both the corio-capillaris and the membrana vasculosa will share in the atrophic degeneration, and waste until they are quite indistinguishable. At this period of the disease nothing remains of the ocular coats at the white patch but the thinned sclerotic covered by the retina, so that the ophthalmoscope reveals the white color of the sclerotic so strongly and characteristically, that in no disease of the eye do we have any reflection from the eye that can be mistaken for it.

This increased brightness of the sclerotic enables the retinal vessels to be seen with great distinctness running across the surface of the crescent, and the contrast with the balance of the fundus is so great, that when the vessels pass into the adjacent more highly colored and healthier structures, they are obscured.

The degree of the staphyloma is not to estimated by the apparent size of the crescent, as that is exceedingly fallacious. In order to see the whole extent of the disease at the first glance, it would be necessary for the pigment to be destroyed, which, however, does not occur so rapidly as the changes beneath it are taking place. This difficulty can be overcome in a measure by attentively observing the fundus while the ophthalmoscopic image of the flame is thrown upon any given point, which will then be seen by reflected light from the surface of the choroid, while the adjacent parts, which also send back rays, will be seen by transmitted light, coming from the depth of the choroidal stroma, which may now be readily examined.

In this manner choroidal changes may be perceived to have taken place often to a considerable distance beyond the border of the crescents, and thus, instead of one, two and even three concentric crescents are observed.

From the change in the position of the optic disc already mentioned, it occasionally appears to possess an oval contour, which is simply an optical illusion, due sometimes to the fact of its displacement, and at others either to the overlapping of the choroidal pigment upon the edge of the disc, or the pigment approaches nearer the centre of the disc than it does above or below, giving it an elliptical shape, with its long axis vertical.

Not uncommonly, spots of extravasated blood are seen here and there over the fundus, especially in the neighborhood of the macula lutea, and they then impair the power of vision very greatly.

Other complications, such as separation of the retina, glaucoma, cataract, choroiditis, sclero-choroiditis, and hyalitis, with attendant opacities in the vitreous, are sometimes encountered in the progress of the staphyloma. The detachment of the retina is a very serious modifying condition, impairing the vision of both eyes; it can readily be distinguished by ophthalmoscopic characters already described.

In old patients, who have labored under staphyloma for an indefinite time, Von Graefe has observed the occurrence of lateral contraction of the field of vision, with increasing weakness of sight, and in such cases he usually found evidences of increased intra-ocular pressure, as denoted by hardness of the globe and cupping of the optic disc. The excavation is never so marked as in cases in which there is no staphyloma, for the reason that the increased pressure upon which it depends cannot attain any considerable degree with a yielding sclerotic. This condition leads to great contraction of the field of vision, sometimes laterally, at others concentrically, and may finally abolish sight altogether.

The occurrence of choroiditis upon posterior staphyloma is indicated by the appearance of whitish specks of effused matter over the fundus, particularly in the neighborhood of the macula, which unite together and finally meet the border of the staphylomatous crescent, altering the ophthalmoscopic features very much. There ensues in fact, from this coalescence of the results of the two diseases, a large whitish patch surrounding the optic disc, with its surface variously modified by little heaps of pigment and spots of extravasated blood.

Sclero-choroidal inflammation may be engrafted upon the posterior zone of the sclerotic, under the influence of which the poste-

rior staphyloma will rapidly increase its dimensions, not, however, retaining its characteristic crescentic shape; its margins will spread irregularly until the optic disc becomes surrounded by an irregularly bordered white surface.

The opacities in the dioptric media sometimes found in alliance with the staphyloma consist in a turbidity of the vitreous humor and posterior polar cataract.

Various opinions have been held as to the nature of sclerectasia posterior, but the most reasonable one appears to us to be that one which accounts for the disease by defective development of the sclerotic and choroid near the optic nerve; this portion of the posterior zone gives way under intra-ocular pressure, whether normal or increased by the energetic exercise of the recti muscles in endeavoring to effect accommodation for near vision. The first indication of the existing condition is often recognized in infancy, and either proceeds rapidly and attains a high degree in a short time, or runs a slower course, months and years elapsing before much progress is made; indeed, it may remain stationary at birth, or at any other period of life.

[To be continued.]

CASE OF CÆSAREAN SECTION IN WHICH THE ABDOMINAL PARIETES WERE DIVIDED BY MEANS OF VIENNA PASTE.

Reported by Melancthon L. Ruth, M.D.,
Assistant Surgeon U. S. Navy.

The operation of Cæsarean section with the knife has, up to within a very few years, been regarded as the only remedy for the extraction of the result of an abdominal or tubal pregnancy.

In the vast majority of cases, however, where this operation has been performed, either for malformation of the pelvis or for the causes above mentioned, the result has been fatal to the patient.

To Dr. De Paul, of *L'Hôpital Clinique de la Faculté*, Paris, is due the honor of making the first step in a new direction.

During the latter part of June, 1866, a woman was brought into the accouchment ward of the Lying-in Hospital. The usual examinations were made, and an abnormal condition discovered.

Carrying the examinations still further, it was found that the patient was in the sixth month of her pregnancy, and that instead of the fœtus having developed within the uterus, the ovum had become arrested in the right Fallopian tube, had become impregnated there, and development had gone on to the sixth month.

Auscultation failed to detect any heart sounds; the tumor had ceased enlarging some weeks previously, and all the data led to the supposition, which afterward proved correct, that the fœtus was dead.

The patient, a country woman, æt. 35, was not robust; her constitution undermined, and her general health evidently much impaired by the presence of this abnormal pregnancy. She was rapidly sinking, and her condition demanded that something should be done at once for her relief.

To extract the dead mass, it was manifestly necessary that the abdominal parietes should be cut through. Formerly, this operation had always been performed with the knife, and the peritonitis set up by the incision had almost invariably carried the mother off in a variable period.

Dr. De Paul, in a short lecture to the class, explained the character of the case, and stated that death has ensued after each of his operations in similar cases.

He had, however, determined to operate on this patient not with the knife, but by means of an escharotic, hoping that by inducing a gradual local inflammation, he might succeed in obviating the hitherto universal peritonitis.

Having determined on this plan, the patient was put upon the usual preparatory treatment, her general health improved, and by the timely use of tonics and stimulants, her system brought to a point where the operation would be practicable.

June 24, 1866, the first application was made. A piece of common adhesive plaster with an elliptical opening four inches in length, and in its greatest diameter half an inch, was closely applied over the most promi-

nent portion of the tumor. On the naked surface thus exposed, a thin coating of Vienna paste, (*caustique de Vienne,*) was applied.

The patient, under this first application, suffered greatly, and at the end of three minutes, her outcries became so terrible and her agony so manifest, that the escharotic was removed, and the burn dressed with the usual applications.

June 25th. An eschar had formed, the slough extending through the cuticle and true skin. No paste was applied this day, the usual applications continued, and stimulants administered to the patient.

June 26th. The second application of the paste was made and continued for seven minutes. Although manifesting some pain, the suffering of the patient was not comparable to that of the first day.

June 28th. The caustic had now eaten through the oblique muscles and down to the transversalis fascia. The parts were healthy, and no internal inflammation was appreciable. The escharotic was again applied and left in contact for five minutes. This application was attended with but little pain, and the patient seemed to be in a most excellent condition for the final success of the operation. The same treatment was continued.

June 29th. The dressing having been removed, an opening through the abdominal walls was discovered. This was enlarged by the finger, the parts being disintegrated by the action of the caustic. From this opening, by careful manipulation and dismemberment, a fœtus of normal size was abstracted. The cavity being cleansed, an examination showed that an agglutination of the parts had been effected, the inflammation being local in its character, and not extending to the peritoneum. The patient was calm, pulse normal, no pain, and no symptom of distress. A poultice was now applied, and the patient left under the care of the *internes.*

July 3d. The patient had progressed favorably up to yesterday, when there was a slight retrogression. A full dose of opium was now exhibited, with a decided improvement in her condition. An examination of the parts presented a clean and healthy granulating surface, the edges of which were approximated by means of adhesive strips.

July 6th. The patient still improving. Appetite good, patient in excellent spirits, and no untoward symptom whatever present.

July 11th. She is now able to sit up in her bed. The wound is nearly closed.

July 20th. Patient feels comfortable, no pain; the wound but superficial, and rapidly healing.

July 24th. Unfortunately for the result of this case, the cholera made its appearance in this hospital, and among the other victims carried off this patient. She had, however, so far progressed, that there was no doubt, had it not been for the epidemic, she would have been discharged from the hospital in a very few days cured.

The success of this unique operation leads to the hope that in similar cases the application of Vienna paste may be resorted to with success.

PROPRIETARY MEDICINES.

By J. R. Mageniss, M. D.,
Of Indiana.

By your kind invitation, I proceed to offer my views relative to the origin and perpetuation of proprietary medicines, and indeed of quackery generally; and also suggest what I conceive to be the only remedy for its attendant evils. In doing this I shall be compelled to invade consecrated ground, and shall dare tread where none have preceded me that I am aware of. Consequently, my positions may prove novel and unpalatable to a large number of the profession. Nevertheless, if they elicit discussion, and this developes truth, I shall have accomplished my purpose, and trust it may redound to the good of the profession and public.

In all ages quackery has ever been a parasitical growth upon the regular profession, nourished by its *ignorance and unwise legislation.* The rivalry of medical schools has reached a point at which every appliance is put into requisition to increase the number of their pupils, to the utter neglect of every other consideration. Talent and education

dwindle into insignificance when compared to the great desideratum of collecting a large class, *particularly the graduating department*, where names are enrolled known to belong to fools at home, and to men entirely devoid of general information, and grossly ignorant of their vernacular tongue. To such an extent is this the case that an equal number of young men taken from the walks of commercial life indiscriminately, would compare most favorably, in point of intelligence and intellect, with any graduating class annually sent forth duly authorized to administer medicines of which they know but little, to cure diseases of which they know less. Is it strange, then, that the irregular physician and shrewd nostrum vender should cure diseases which have baffled the skill of such M. D.'s and gain a foothold where they fail? Surely not. Why are such men graduated? Merely to send them home in a good humor to encourage other dolts to contend for diplomas so easily obtained. I unhesitatingly assert that there is infinitely less danger in nostrums than in such doctors; and, indeed, the patent medicine man is a blessing to any community afflicted with such wiseacres. Then I contend that it has been the course pursued by the medical schools which has attracted to the profession this class of practitioners; and it seems to me that the denunciations of quacks and patent medicines will continue to come, with bad grace, from the friends of such schools, until they learn to reject and discourage such pupils, and elevate their standard of qualification for medical honors.

This brings me to my second position, to wit, *unwise medical legislation*. It is singular, that notwithstanding medicine has kept pace with all other sciences in this unprecedented age of advancement, the profession should still cling to a code of ethics as little suited, in many respects, to the times and state of society as would be the laws of the Medes and Persians. Its rigid and arbitrary rules frequently cause delays, and as often compel the regular physician to decline consultations which may involve the safety and cost the life of the ignorant and unfortunate patient who has called in the irregular practitioner, and many favorable opportunities are thus lost to the skilful medical man of triumphing over ignorance and putting quackery to flight. By this code no physician is permitted to advertise, and in this way present his claims to the confidence of the people in an intelligible manner. It matters not what his acquirements may be, he must keep it a profound secret, and wait patiently in his office for some fortuititous circumstance to occur, which perchance may develope the fact that he is qualified to practice his profession. And in this way the entire leverage of the mighty printing press is thrown into the hands of the impudent mountebank, who feasts merrily on the credulity of the public.

The young lawyer is not only permitted by the rules of his profession to give references in his card, but to volunteer in State cases and declaim before a crowded audience, and if he is a man of genius, a single effort is sufficient to usher him at once into a lucrative practice. But strange to say, medical ethics enjoin upon their votaries the strictest silence on pain of disgrace by ejection from all professional intercourse. The result is, that the accomplished young physician who has been educated up to a morbid sense of professional honor, shuts himself up in his *sanctum* almost afraid to put a modest sign at his door or card in a paper, for fear of being called a quack; and there pennyless waits for practice, or rather, for the community *to smell him out*, until driven by despair to some other employment, or perhaps to ruinous dissipation. But again, it has become very fashionable with the sticklers for the medical code *to sell partnerships*. If this is not making merchandize of the noble calling what is? Under this arrangement any young son of Æsculapius with not over a thimbleful of brains, but who is fortunate enough to be the possessor of a few thousand greenbacks, can go to the city, buy a partnership, and be immediately introduced by his established partner as one of the most skilful practitioners, and the lives of the people placed at once in his hands. But wo betide the poor but talented young doctor who goes with the expectation of rising by his native powers, there are no partnerships

for him, they are reserved for the next rich fool who may chance to hear of the fine inducements held out by the fraternity for his class. And in this way the brightest intellects are driven out and the people doomed to receive into their families and entrust their lives to men of the most ordinary capacities.

The specialist is also ostracized by the bigoted zealot of the medical code, although it should be apparent to every intelligent physician that the profession is more indebted to this class of practitioners than to any other for discoveries in the treatment of a large number of obstinate diseases, and that a physician can certainly become more proficient in any one class of diseases by devoting himself exclusively to their study and treatment than the general practitioner. This offence consists in advertising in order that the public may know something of his skill in his peculiar department. And it would be difficult to tell how it could be otherwise discovered before he would have ample time to starve.

The only reason given in what may be properly termed this antiquated code, for prohibiting the profession from the use of the public printing press, is, *that it is the practice of empirics to advertise.* This cogent argument would apply equally well in regard to eating, drinking, and sleeping, all of which should be done of course, in a different manner from that practised by quacks. But if the printing press enables the ignorant pretender to ride rough-shod over the scientific physician, what would it not accomplish in the hands of the latter? Would it not enable him to drive the former out of his neighborhood? Most assuredly it would. Then I contend that the only remedy for the evils of quackery is *to unbind the hands of the profession, and permit it to defend itself with the deadly weapons now being used with such success by its enemies.*

—— M. Gervais, Professor of Anatomy and Zoölogy in the Falculty of Sciences in Paris, has been appointed Professor of Comparative Anatomy at the Museum of Natural History, in the room of the late M. Serres.

Medical Societies.

PROCEEDINGS of the DEARBORN COUNTY, INDIANA, MEDICAL SOCIETY.

The Society met at Aurora, Aug. 11th, at 10 o'clock, A. M., the President, Dr. Sutton, in the chair. Members present—Drs. Harding, Haines, R. C. Bond, Rectanus, Lamb, Bowers, Kyle, Craig, and Miller. Minutes of the previous meeting read and approved.

Dr. Bond introduced the subject of sunstroke, which was debated until 12 o'clock, when, on motion, adjourned for dinner.

Society met again at half-past one, P. M., and was called to order by the President. The subject of sunstroke was resumed and discussed at length.

Dr. Kyle brought before the Society a child affected with cerebral disease—producing want of co-ordination of the voluntary muscles.

Dr. Bond reported a case of *biliary calculi*, producing enlargement of the gall-bladder by obstructing the duct, which was debated by nearly all the members for some time.

From reports, the health has been remarkably good throughout the county, and a marked exemption from intermittents, notwithstanding the unusual amount of rain and moisture in the atmosphere.

On motion of Dr. Lamb, the Society adjourned, to meet at Lawrenceburgh, on the second Tuesday of December, at 10, A. M.

Ordered, that an abstract of the proceedings be furnished the county papers for publication.

C. B. Miller, *Sec'y.*

ACADEMY of MEDICINE of CINCINNATI.

The Cincinnati Academy of Medicine had a large meeting Sept. 7th, and considered some important questions.

Dr. Unzicker, chairman of the Committee on New Remedies, made a report concerning the extent to which drugs used in prescriptions in the city are adulterated, which was quite startling in its character. This led to a discussion, which was participated in by several members of the Academy, whose common opinion seemed to be that the practice of using adulterated drugs in filling prescriptions was alarmingly prevalent and on the increase.

On motion of Dr. Thacker, Dr. Unzicker was appointed a committee of one to represent to the Board of Health the sentiment of the Academy on this subject, and to recommend the appointment of an Inspector of Drugs.

The Treasurer having recommended the incorporation of the Academy, and the taking of steps to procure or erect a building for the permanent use of the Academy, as well as provide for the establishment of a library in connection therewith, the President was instructed to appoint a committee of three, to report a plan for carrying into effect these recommendations. The committee consists of Drs. Unzicker, W. B. Davis, and Dawson.

Editorial Department.

Periscope.

The Use of Pepsine in the Diarrhœa of Infants.

Dr. J. S. Hawley, of Greenpoint, New York, has given much attention to the manufacture and use in therapeutics of pepsine. In a late *brochure* on its employment in Infantile diseases, he calls attention to its efficacy in diarrhœa. He says: "This simple but effective treatment is not new, but has more than once been presented to the profession for its approval.

In support of its efficacy, especially that portion which relates to artificial digestion, a few cases will be brought forward. The first case is one reported in the *Revue Medico-Chir. de Paris*, December, 1856.

M. X., aged four years, was admitted into the Hospital of St. Eugenie on the 23d of November, 1854, under the care of M. Barthez. For many months this child had suffered from frequent diarrhœa, until it was emaciated and debilitated to the last degree. The appetite was voracious, and the stools contained much undigested food. In the first instance M. Barthez tried the effect of properly adjusted diet, with small doses of trisnitrate of bismuth, but without avail. He then tried the pepsine, giving a dose (grs. v.) at the commencement of a meal composed of the ordinary food of the hospital. On the following day, (the 1st of December), the stools were of a better color, and in other respects more natural than they had been before; encouraged with this result, the same quantity of pepsine was ordered to be given before each meal.

Dec. 3d. No stool. This was the first day without a motion for many months.

4th. Still no stool. The pepsine discontinued.

5th. Two somewhat fluid motions, although there was no change in the diet. There was, however, no undigested matter in the motions. The child was much better in every respect.

Three weeks afterward the child was discharged cured. M. Barthez, however, did not return to the pepsine, but contented himself with small doses of the trisnitrate of bismuth.

This case led M. Corvisart to try the effects of that remedy in the diarrhœa of very young infants.

2d Case. Alexander Lang, born on the 2d of August, 1855, was seized on the 25th of October with diarrhœa, after a very obstinate attack of erythema and eczema. This diarrhœa was accompanied with frequent hiccough and vomiting. On the 3d of November 8 grs. of pepsine were given night and morning. On the 4th, the same treatment was continued; and now the vomiting and purging have disappeared, the stools have become natural, the child takes the breast with avidity. The pepsine discontinued.

Nov. 22d. The vomiting and purging have returned. M. Corvisart has again had recourse to the pepsine.

23d. The vomiting and purging have ceased, and the stools are natural. From this time the little patient went on well.

M. Corvisart adds, that many cases of the kind have fallen under his notice, and that the acidified form of the pepsine, which he himself tried, was quite as efficacious in these cases as the neutral form proved to be in the hands of M. Barthez.

The writer has been in the habit of administering pepsine in the diarrhœa of fed and teething infants for several years with marked success.

Notes of former cases have not been preserved, a few which have occurred in the last few days must suffice.

July 19th. Thomas Kennedy, aged 15 months, has had diarrhœa a week, is fed, passages watery, and contain undigested food.

℞. Am. pulv. pepsine, sub. nit. bismuth, āā grs. 5 every three or four hours.

This single prescription terminated the disease.

July 20th. John Kniester, aged 18 months, is teething, diarrhœa has existed ten days; passages very watery and frequent, and contain undigested milk.

℞. Am. pepsine, sub. nit. bismuth, āā grs. 5 every four hours.

This case was also relieved by a single prescription of ten powders.

August 2d. P. Quigley, aged 8 months, has had diarrhœa a week, and been treated by another physician by astringents and opiates without benefit.

℞. Am. pepsine, sub. nit. bismuth, āā ʒ in 10 powders, to be given every three or four hours.

This case also recovered completely under this single prescription.

August 5th. Mary Duryee, aged 11 months, has four incisors on each jaw, but no marked signs of the approach of other teeth. Has suffered considerably from diarrhœa for two weeks. On the 5th the diarrhœa increased alarmingly, accompanied by vomiting and great prostration, as well as pain. The vomiting was allayed with liq. bismuth, and the following prescription made:

℞. Am. pepsine, sub. nit. bismuth, āā ʒj., pulv. v. opii, gr. j., divided into 12 powders, and one given every two to four hours, according to circumstances.

This treatment, with slight modifications, according to pain or frequency of the discharge, has been continued to the present time, (Aug. 10th), with nearly complete relief to all the symptoms, and she is now out of danger.

August 5th. Robert Kelly, aged nine months, is teething, has had protracted diarrhœa and vomiting, is much emaciated, and passes large quantities of undigested milk, which are highly offensive. He had been for some time under treatment before coming to me. Pepsine and bismuth were prescribed in the usual manner, and continued three days, when the child died. It is to be noticed in this case that the coagulated milk disappeared from the stools on the second day, showing the efficiency of the pepsine.

The only remaining case to which I will allude, is one rather of infantile inanition than of true diarrhœa.

July 28th. D. N., an infant two weeks old, said to have been born in a plump and healthy condition. Its present state is one diametrically opposite. Its face is thin and skinny, exhibiting painfully the bony outline. It has thin, muddy, but not frequent alvine discharges, and vomits whatever it swallows, even to half a teaspoonful of its mother's milk. It lies stupid, with its eyes closed, and refuses the breast. It has also an intense muguet. In this extremity I ordered three grains of pepsine to be given every three hours, and half a teaspoonful of the mother's milk to be administered with great frequency. The following morning I found the mother, through utter hopelessness, had greatly neglected my directions. It was only through much persuasion and coöperation of a friendly neighbor, that she was induced to pursue the treatment. During that day the vomiting ceased, and on the following day the child took the breast, and retained and digested its nourishment. From this day it steadily improved in condition, and its diarrhœa and muguet disappeared.

On the 8th inst., one week after my last visit, I was called to see its mother, and could hardly have recognized the infant, which so lately had seemed in the last stage of inanition. Its face had acquired a comparative fulness, its color was restored, it nursed well and freely, and seemed as likely to live and thrive as any infant. This child was simply starving to death. What led to its condition of inanition I could not satisfactorily learn, but its state seemed most hopeless. This case illustrates, in a remarkable manner, how little assistance will restore the digestive faculty to its normal activity, and enable it to perform its functions unassisted.

Without adding cases of a similar kind from our own experience, which would, perhaps, extend the list to a tedious length, we take pleasure in submitting the testimony of Dr. R. E. Van Gieson in favor of the efficacy of the preparations of pepsine in the diseases under consideration. The Doctor, in furnishing us with his notes, remarks: "I have found pepsine peculiarly fitted for the treatment of that fearful scourge of children, cholera infantum, *after* the more profound and violent initial symptoms have been subdued by direct sedatives, such as hydrocyanic acid, ice, creasote, and the like. It has seemed to me that when the vomiting and purging have by such measures been arrested, that the whole gastro and intestinal tract is utterly incapable of assimilating even the blandest articles of aliment. We stand as it were between the danger of starvation on the one hand, and the peril of again irritating the intestines to the evacuation of exhausting discharges by the administration of food. Just here pepsine is *the* remedy. By its aid we can secure the digestion of food, which would otherwise irritate. So long as the stomach is disposed to remain quiet we need not feel alarmed, if for a day or two the discharges per rectum are somewhat frequent. An astringent and opiate suppository will control this, and in the meanwhile we are gradually bringing the intestinal tract to its normal condition, *i. e.*, digestion.

"Another great advantage arising from the use of pepsine in this disease has been rendered apparent by a careful comparison of cases treated by the most approved method in vogue some eight years ago. The medical gamut was then sedatives, opiates, astringents, tonics. It yielded good results, but the cases were a long time in getting well. There came a period when the

pernitrate of iron and the salts of quinia seemed almost powerless. This might be the third week or the third month in the disease. There was no particular irritation of the stomach, but unless the astringent was given with great regularity and in augmented doses, the discharges still continued. In these protracted cases, the gastro-intestinal system seems but a passive tube, through which the food passes pretty much as it entered the mouth, giving but little nourishment to the patient, and much annoyance to the atonized viscera. In these cases pepsine is very clearly indicated, and will slowly but certainly aid in the digestion of judiciously selected nutriment, until the system can recuperate sufficiently to manufacture its own pepsine, when the artificial substitute can be withdrawn. The annexed case illustrates the foregoing remark in a very clear manner.

C. H., aged 13 months, hand fed, chiefly on condensed milk for last ten months; central and lateral incisors through; first came under my care July 29th. Past history: Has been under treatment by another physician for a week. Was taken in the beginning with vomiting and purging, which were in a measure subdued by the treatment. The child was then pronounced better, and the visits discontinued.

Present condition: The child is much emaciated, face shrunken, and of that senile appearance so indicative of cholera infantum. The stomach is still irritable, and the bowels operate from five to eight times in twenty-four hours. Discharges similar to chopped spinage. The child craves drink constantly.

℞. Bismuthi sub nit., pepsine, (American,) āā ʒj.; make xii. powders; S. One every three hours; ice-cold milk-punch every three hours.

30th. Discharges diminished, but still fœtid. Thirst diminished, stomach less irritable, no vomiting during the night. Continue treatment, with addition of ice-cold mutton broth.

31st. Discharges diminished and less fœtid, no vomiting; withdrew the punch, and substituted milk in barley water.

℞. Pepsine, ʒj.; make xii. powders, and give as before, with plenty of open air.

Under this treatment the child has steadily improved. The discharges are growing firmer in consistency each day, and vary in frequency from one to three in twenty-four hours. The appetite being now fair, and the discharges nearly normal, the pepsine will be withdrawn, and port wine and tincture cinchona substituted.

Of course the writer does not intend to exalt pepsine to the position of a specific in infantile diarrhœa. It is only claimed that its use is one step in the right direction; that it is capable of removing one of the principal predisposing causes, to wit: the impairment of the digestive function by the evolution which occurs at the poriod of dentition, and of preventing the irritation which attends the passage and decomposition of undigested food.

A favorite observation of the writer is to mark the disappearance of undigested food and fetor from the evacuations, feeling assured that so much, at least, is well and in the right direction, whether the case proceeds favorably or not. Many other considerations influence the course of the disease, and these indications must be met by their proper remedies, according to the judgment of the practitioner.—*Buffalo Med. Journal.*

Burin de Buisson's Ferro-Manganic Preparations.

(Extract from the *Vienna Medizinische Wochenschrift*, No. 83, 16th October, 1867.)

The ferro-manganic preparations and their introduction into therapeutics, are the consequence of numerous physiological observations.

The fact that iron is one of the normal elements of the blood, has been universally admitted since the demonstrations of Menghini, Fock, and Laibach.

Now as Scheele's and Gahn's discoveries in 1774 showed that manganese is invariably associated with iron in organic nature, a suspicion arose that it existed also in organisms containing iron, and it was subsequently found, not only in a multitude of plants, but also in the blood, flesh, milk, etc., as a constant accompaniment of iron. Fourcroy and Vauquelin had already discovered manganese in bone ashes; afterward, in 1830, Wurze found it in calcined blood; Millon in 1847, Marchesan in 1848, and lastly, Hamon in 1849, formally declared, after further diligent research, that manganese is the constant and natural associate of iron in the blood.

Finally, Burin du Buisson, acting on the suggestion of Dr. Pétrequin, undertook to verify these researches, and acquired the certitude, not only of the simultaneous presence of manganese with iron in the blood, but also found it even in healthy pus.

Such facts could not fail to lead to the inference, that as morbid elements are produced by the absence or deficiency of iron in the blood, the same effect must likewise occur with regard to manganese, and consequently, that whenever the exhibition of iron alone failed to

cure chlorosis, the sole cause was that these chalybeates could not supply the economy with the manganese which was wanting.

Repeated experiments soon confirmed the truth of these conclusions. Numerous analyses of the blood demonstrated that the diminution of the proportion of iron in the blood of chlorotic patients was in constant ratio with the diminution of manganese; and many obstinate cases of chlorosis, which had resisted all treatment with chalybeates, were completely cured by the ferro-manganic preparations.

These facts led Dr. Hanon to the singular theory, which consisted in distinguishing two kinds of chlorosis,—one arising from a deficiency of iron, the other from a deficiency of manganese. But as Dr. Hanon was unable to give a diagnosis of the difference between these two kinds of chlorosis, we cannot but regard as empirical his method of administering manganese by itself in cases for which iron alone had produced no result.

Chemical experiments having demonstrated, as above stated, that manganese exists in the blood in clearly determined proportions, the absence of one being always attended with a proportional decrease of the other, this fact supplied a most reasonable motive for the simultaneous use of manganese and iron for all cases, in which the exhibition of the latter alone was inefficient.

The subsequent experiments of Dr. Pétrequin, and after him of Drs. Gensoul, Gubion, Contagne, Bonnaric, Delorme, and many more, perfectly justified this theory, and we can assert without fear of error, that it is not only rational, but indispensable in many cases, to prescribe the ferro-manganic preparations, instead of the simple chalybeates hitherto employed.

Aware of the various requirements of the true practitioner, Mr. Burin du Buisson has endeavored to supply the ferro-manganic preparations in the most various and most appropriate forms, without making any mystery of his process, which he has communicated to the scientific world, by publishing an account of his labors.

We will here briefly recapitulate the names of Mr. Burin du Buisson's different preparations, which meet the most diversified demands of therapeutics, and are equally easy and agreeable to take. They are:

1st. An effervescing ferro-manganic powder.
2d. Carbonate of iron and manganese pills.
3d. Lactate of iron and manganese lozenges.
4th. Lactate of iron and manganese syrup.
5th. Iodide of iron and manganese syrup.
6th. Iodide of iron and manganese pills.
7th. Manganic iron reduced by hydrogen.

All these medicines are used in cases for which iron and iodide of iron were formerly employed alone.

Thus, according to Dr. Pétrequin, in all cases of chlorosis occurring in young females at the age of puberty, as also in women who have reached the critical period, in passive hemorrhages, in certain cases of cachexia resulting from long intermittent fevers; morbid appearances in the heart and lungs, palpitations accompanied with giddiness and dyspnœa, with obstinate cough and disease of the lungs, yield to the excellent effects of the ferro-manganic preparations, aided by sedatives, such as fox-glove, cherry-laurel water, morphine, belladonna, etc., and far more speedily than by the use of those remedies alone.

In all cases the ferro-manganic preparations are unequalled for rapidity of effect, and permanence of cure,—results so rarely secured by simple chalybeates.

Dr. Pétrequin always begins his treatment with the effervescing ferro-manganic powder, and at the same time prescribes two of the pills daily; these last being subsequently replaced by the lozenges, in order to avoid fatiguing the digestive organs. The ferro-manganic syrup generally completes the treatment.

All these medicines are administered at such times of the day as are most favorable to their digestion and assimilation. For instance, the pills and lozenges before meals—one before each. The ferro-manganic powder is best taken in a little wine; the syrup before breakfast, in doses of one or two tablespoonfuls.

The Faculty of Language.

In the British Association for the Advancement of Science three papers were read upon the Seat of the Faculty of Articulate Language; viz:

1. Dr. Hughlings Jackson argued for two forms of healthy language—intellectual and emotional—inseparable in health, yet made evident by disease; in which emotional language, as variations of voice, smiles, and gesticulations, was usually conserved; while intellectual language, as manifested in words, writing, and sign-making, was lost. The author maintained that the left side of the brain was the leading side, the right the automatic. He did not think with Dr. Moxon that only the left side of the brain was educated; neither did he think that the disease of the left side only would prevent a patient from getting out words when a forcible circumstance outside himself was in very special relation with the process for these words; for although, in

cases of involuntary ejaculation, there was no prompting by the will, the occasional utterances were developed with more or less appropriateness. Dr. Jackson referred to the fact that aphasics often retained the power of utterance of one word or one sentence, and suggested that the stock phrase or word was probably the leading sensori-motor process when the brain was suddenly damaged. He detailed two cases in support of this view. Dr. Jackson did not attempt to localize language in any limited spot. Destruction of parts of the hemisphere at a distance from the motor tract need produce no obvious mental symptoms; while destruction near the left corpus striatum would cause defects of intellectual expression. The quantity of the defect depended generally on the quantity of destruction of tissue, and on the nearness of that destruction to the corpus striatum.

2. M. Paul Broca demonstrated, by means of a diagram and plaster of Paris casts, his view of localization of articulate language in the third frontal convolution of the left side, and argued for the corpus striatum as merely the medium of connection. Professor Broca supported his view on many observations of which these traumatic or accidental cases were particularly confirmatory. One of these he cited, in which a pistol-ball lodged in the third convolution alone, without further damage; and in this case articulate speech alone was lost, while no other mental faculty was affected. The author held that, as education was almost confined to the right side, which took the initiative and directed the left, so articulate language, with the other results of education, assumed its seat in the left side of the brain. He argued for an original organic force which determined the left side of the brain rather than the right. Professor Broca further proposed the adoption of more precise terminology for expressing the various forms of defective speech. The words he suggested were: *alogia*, loss of speech from defective intelligence; *amnesia*, from defective memory of words; *aphemia*, from a defect in the special faculty of language; and *alalia*, from defective articulation.

3. Mr. Dunn argued for the dependence of utterance upon the corpus striatum, "the point of emission of the orders of the 'will' to the muscles."

In the discussion which followed the reading of the papers,

Dr. Bateman stated that he had examined twenty-seven cases of aphemia, and in five only was the cerebral lesion limited to the third frontal convolution or its immediate neighborhood, and in five there was no lesion at all.

Dr. Humphry was inclined to regard the brain as a whole, and its functions as spread over the whole, rather than that any one should be confined within exact and definite limits. He related a curious case, in which the patient so contradicted every expression the moment it was uttered, that it was absolutely impossible to arrive at any conclusion.

Dr. J. Thompson Dickson supported Professor Broca's view, but extending the localization to in and near the third and frontal convolution. He argued for Dr. Moxon's theory of education Aphasics, on recovery, learnt a new vocabulary, much in the same manner as a child learned to speak. In this process, the right side of the brain became educated; and, should left hemiplegia and aphasia follow, articulate speech was altogether irrecoverably lost. He maintained that the few words which an aphasic often had left were due to impressions in cells left intact, rather than to the last idea in the mind when the attack occurred.

Dr. Crisp and some others argued for habit as determining the right rather than the left side.

M. Broca strongly maintained his argument of an original organic force.

The discussion was very spirited; Professors Béhier, Vogt, and Heynsius taking part in it.

Pressure in the Treatment of Gonorrhœal and Purulent Ophthalmia.

Surgeon J. S. Hildreth, U. S. N., who was in charge of the U. S. Army Eye and Ear Hospital at Chicago, Illinois, read a valuable essay before the American Ophthalmological Society in 1865, on sixteen cases of ophthalmia, purulent and gonorrhœal, treated by pressure, with satisfactory results. As the precise method in which pressure is applied, is of considerable importance, we reproduce a portion of his essay:

"What I mean by the use of pressure in the treatment of such cases, is not the application of lint, wet or dry, over the lids with moderate compression, but a *firm*, *hard*, *continued pressure upon all parts of the contents of the orbit*, *especially the anterior*. This I effect in the following manner:

"The lids being closed, the orbit is to be packed, as it were, by means of charpie or picked lint, (scraped lint or cotton wool is not so serviceable,) in such a manner that all parts about the eye, within the orbit, the anterior hemisphere of the globe, and especially the conjunctiva, shall be acted on.

"Care must be taken to fill the grand angle,

and to have the charpie evenly and regularly disposed *about*, as well as over the globe.

"Quite a large bunch should be used for each eye, not only to ensure evenness of pressure, but to absorb the purulent discharge. This being done, compression is made by means of a bandage, or better, a firm elastic band of rubber braid, not less than two inches in width, passing around the head. It should be slowly and regularly increased until the pain, if any there be in the parts affected, is greatly diminished or controlled, if practicable.

"In other words, pressure is applied to the eye and surrounding parts within the margin of the orbit to a degree sufficient to so control the circulation as to prevent the destructive tendency of the disease, but not to interfere with proper nutrition. This must, of course, vary with the peculiarities of each case.

"But the principle of employing as constantly as possible, firm, hard, even, and continued pressure from the *earliest moment practicable* until the *close of all acute symptoms*, is not to be lost sight of for a moment. The anatomy of the orbit, the mechanism of the lids, and the cushion of adipose tissue posterior to the globe, render this not only possible, but easy.

"I have in no instance resorted to it in purulent or gonorrhœal affections of the eye during the acute stages, even after the organ has been irretrievably lost, without greatly diminishing the discharge in a short time, and very materially adding to the patient's comfort in reducing the pain, and modifying subsequent and present staphyloma, as occurred in cases numbered 4, 5, 6, 7, 8, and 12.

"While the purulent discharge is abundant, the dressing should be renewed twice during every twenty-four hours. Dry charpie is to be preferred, though moist will answer; yet it is not so elastic.

"The utility of scarifications, deep, circular, or radiated, of the chemosis is too well known to be dwelt upon here.

"For local application I rely mainly upon bromide of ammonium, atropia, and nitrate of silver. In sthenic cases I prefer the bromide of ammonium dissolved in glycerine—forty to sixty grains to an ounce of pure glycerine—which is applied twice daily to the conjunctiva, ocular and palpebral, by means of a camel's hair brush.* It may be employed oftener in some cases, but this will be found, as a general rule, sufficient. Under its influence, purulent, and especially gonorrhœal ophthalmia, appears to become rapidly modified, as I have frequently had occasion to demonstrate. The addition of ten grains of tannin to one ounce of the solution adds somewhat to its efficacy, but this is not indispensable.

"For asthenic cases the nitrate of silver is most serviceable. I prefer to apply it gently to the mucous membrane of the lids, neutralizing any excess of the salt by proper means. Blood may or may not be taken from the lids, the chemosis, or the temple, after the use of bromide of ammonium or nitrate of silver, but this must depend on the size of the chemosis and state of the patient. Atropia will be required to dilate and so maintain the pupils.

"For general treatment in sthenic cases, I prefer muriate of ammonia in alterative doses, from three to five grains every one or two hours. Asthenic cases are benefited by muriated tincture of iron, five drops every two hours, or oftener, if the patient will bear it. Permanganate of potassa is also useful, in ¼-grain doses, every two or three hours. But it is evident that all general means must be adapted to the existing condition of the patient. The treatment for purulent and gonorrhœal ophthalmia may therefore be summed up as follows:

"1st. If anæsthesia of the cornea exists, or it is infiltrating, and especially if the pupil will not yield to the influence of atropia, Hancock's operation of division of the "ciliary ring" is indicated, care being taken to divide all its fibres from the insertion of the iris to its posterior limit.

"2d. Application of a solution of bromide of ammonium, (40 to 60 grs. to ℥j. pure glycerine,*) or nitrate of silver to conjunctiva; the former to all parts of the conjunctiva, and the latter to that covering the cartilage of the lids only.

"3d. Scarification of the lids and deep incisions into the chemosis, if required, removing the blood with tepid water so long as it continues to flow.

"4th. Atropia in solution (iv. grs.—j℥.) sufficient to dilate the pupil.

"5th. Application of firm, hard, continued pressure, as soon as practicable, and continued to the close of acute symptoms.

"6th. Remove the dressings twice during every twenty-four hours, until the purulent discharge ceases.

"7th. Two applications daily of bromide of

* The following will be found serviceable for gonorrhœa:

Bromide of ammonium,	℥ss.—℥j.
Tannin,	℥ij.
Aqua,	f.℥ij. M.

Sig. One half ounce to be injected pro re nata.

* Glycerine perfectly pure should be used.

ammonium, or one of nitrate of silver, will be found sufficient. Atropia may be used twice daily or oftener, but care should be taken not to continue its employ beyond *producing* and *maintaining moderate* dilatation of the pupil.

"8th. A constitutional treatment adapted to the condition of the patient."

Removal of Concretion from Bladder with an Iron Ball as a Nucleus.

The following correspondence explains itself, and will be read with interest:

SURGEON GENERAL'S OFFICE,
Washington, September 11, 1868.

To the Surgeon in Charge of the Soldiers' Home, Newark, N. J.:

SIR—I have read a paragraph in the New York *Medical Gazette* of September 5th, 1868, relating to an inmate of the Soldiers' Home, who is alledged to have undergone lithotomy, on the 31st of last month, on account of a concretion of which a cast-iron ball was the nucleus.

I shall be much indebted to you for any particulars of the history of the case. In the Army Medical Museum there are five specimens of urinary concretions resulting from gun-shot wounds of the bladder. I should be gratified to add the specimen referred to, to the number, if it can be procured either by voluntary subscription or by purchase.

I am, sir, very respectfully, your ob't servant,

GEORGE A. OTIS,
Asst. Surgeon U. S. A.,
Curator Army Med. Museum.

NEWARK, N. J., Sept. 12, 1868.

DR. OTIS—*Dear Sir:* I am Surgeon and Commandant of the New Jersey Home for Disabled Soldiers in this place, and in the former capacity, the other day cut a soldier, named Cockcroft, for stone, with entire success, removing an iron ball incrusted with urinary salts. The missile entered the lower part of the abdomen, being probably part of the filling of a shrapnel or case-shot. The man was wounded in April, 1865, at the final attack on the works at Petersburg, Va., and did not begin to suffer from symptoms of stone until a few months past. My operation was an unusual one, being that lately recommended by FERGUSSON, and claimed to be original with him, viz., DUFUYTREN's external cut in the bilateral operation, with the deep incision the ordinary lateral. This operation I did once before—*i. e.*, in 1859, and printed an account of it in a *brochure*, which I distributed at the meeting of the National Medical Association, at Louisville, Ky., in 1860.

The man is now walking about the wards—not having had an untoward symptom of any kind. The weight of the ball and accompanying concretion is one ounce, 23 grains, avoirdupois.

* * * I propose, after exhibiting the specimen, with several other urinary calculi in my possession, before the New York Pathological Society at an early date, to present it to the Army Medical Museum, accompanied by a detailed history of the case.

Very truly, yours,

ALEX. N. DOUGHERTY,
Brevet Colonel and late Surgeon U.S.V.,
Commandant of N. J. Home for Disabled Soldiers.

Reviews and Book Notices.

NOTES ON BOOKS.

The *Medical Gazette* of New York, which for a time did not appear, owing to insufficient support, has re-commenced, under the editorship of Dr. A. L. CARROLL, and is now published by Mr. JOHN LARELL, 72 Broadway, N. Y. We wish it every success.

Our Canadian brethren have started a monthly journal of Medicine and Surgery, at Toronto, under the title, *The Dominion Medical Journal.* It is a double column royal 8vo., of 20 pages of reading matter, and is priced at $2.00 (gold) per annum. Its leading editorial is a Jeremiad on the social and intellectual condition of the profession in the "Dominion," and the appointment of a Board of Examiners is recommended. We are glad to see that it takes in hand thus at the outset, a subject which Heaven knows needs attention. But we give the gratuitous advice to Dr. LLEWELLYN BROCK, the editor, and to whomsoever else it may concern, that they will never gain the position and respect they aspire to as a body, so long as they advertise and editorially puff the "Philadelphia University of Medicine and Surgery," and such like humbug "Eclectic" institutions, or so long as they recognize the "National Medical Association," with its travelling, advertising, self-praising members.

The *Physician and Pharmaceutist* is a monthly quarto, containing a large number of well selected articles, on therapeutics and pharmacy, published by REED, CARNRICK & ANDREWS, of New York city. It will be supplied to subscribers of the REPORTER for fifty cents a year.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 26, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE GETTYSBURG WATER.

The present season, without being considered sickly, presents, as usual, a large number of invalids, not only among the many who stay at home, but, also, among those who are returning from what is called a pleasure trip. Dyspepsia, bilious disorders, rheumatic and neuralgic pains, and debility figure on the list of their afflictions, for the relief from which some fall back on the use of their favorite pill, or tincture, or elixir. Others, somewhat wiser, will continue to drink the water of the mineral spring, at which they had been staying, with the drawbacks incident to the changes which it undergoes by transportation and the new circumstances under which it is placed. There is one mineral water, the Gettysburg, of which most extensive use has been made of late in some of our chief cities as well as in the interior,—thus realizing the expectations raised by the communications of Dr. Bell in the pages of the Reporter. It is, indeed, an unusual thing in the histories of mineral waters to find one, like the Gettysburg, that is pure, limpid, devoid of any peculiar taste or smell, and undergoing no change by removal from its source, and yet possessed of medicinal properties of a high order. Cooled in a refrigerator or by the addition of a little ice it is a pleasant and refreshing beverage, at the same time that it is a vehicle for introducing into the system its various saline mineral ingredients, which are thus carried to every organ and permeate every tissue for the purposes of renewal and reconstruction.

It is not necessary for us to report what has been previously said in our pages of the composition of the Gettysburg water and of the diseases which it has cured, as well as of those in which, from analogy, it will probably prove serviceable. As a mild alkaline water it is found to be adapted to dyspepsia with its numerous sequences and complications, including disorder of the liver and kidneys, and the remote effects of imperfect assimilation, as exhibited in gout, chronic rheumatism, neuralgia, and an impoverished state of the blood, or anemia. Our readers will doubtless remember those extraordinary cases of gouty concretions on the joints, erroneously called chalk-stones, which on reliable testimony have disappeared after the somewhat protracted use of the Gettysburg water.

Notes and Comments.

The Craig Microscope.

We have received from Mr. George Mead, of Racine, Wisconsin, one of his *Craig Microscopes*, which is certainly a wonderful little instrument, considering its high magnifying power, simplicity, and very low price. It is calculated to be a source of instruction and amusement in the family, and will be found equal to many of the wants of the physician, in the examination of the solids and fluids of the body. The instrument has but one lens, and therefore requires no adjustment of focus. The lens is mounted in a hard rubber disc, at the upper end of a brass tube, which is provided with a mirror, as is usual in microscopes, to reflect light on the object, the light passing through a perforated diaphragm to intercept straggling rays. In fact this is a neat, substantial instrument, and will be found useful in every family. It can be safely used by children, without danger of injury. It has a magnifying power of 10,000 diameters.

Human Bites versus Dog-bites.

We were much amused, says the *British Medical Journal*, not to say surprised, on looking over the out-patient accident books of the various London hospitals for two months, to find 124 "bites" of different kinds entered; 18 were attributed to men or women, which number was

in excess of any other animal, with the exception of dogs, who were accused of inflicting the large number of 85. Horse-bites numbered 12; cat-bites, 5; the monkey and donkey being accused of one each. The two remaining were simply entered as "bites." We certainly have no reason to be proud of our exalted position.

On Auscultation of the Œsophagus.

Dr. Hamburger, in an elaborate article on Auscultation of the Œsophagus as a Means of Diagnosis, gives the following description of the sounds heard in the healthy condition. When the stethoscope is placed over the hyoid bone of a healthy man whilst he is swallowing some water, a loud gurgling sound is heard in the pharynx, accompanied with a sensation as if the water were forcibly driven through the stethoscope to the ear of the auscultator. This circumstance is to be explained in the following manner. During deglutition the communicating openings into the pharynx are closed to the passage of air, above by the velum palati, below by the epiglottis. The water is now driven into the pharyngeal cavity by the muscles of the mouth and tongue, so that the anterior opening of the pharynx is also closed. There is then a cavity filled with air and water, none of which can pass away in any direction save by the very narrow œsophageal tube. The pharynx is now contracted by the action of the levator and constrictor muscles, and the air and water are rapidly compressed and mixed together with force; hence the loud clear gurgling sound, with a metallic noise, which is carried by the stethoscope to the ear of the examiner. On auscultation the œsophagus from the level of the cricoid cartilage downward to the eighth rib, one may hear, whilst the subject is swallowing, a sound as if a small, but firm, spindle-shaped body, grasped by the œsophagus in an annular manner, was rapidly and noisily driven downward.—*Medizinische Yahrbücher.*

Aqua Calcis as a Diuretic.

Dr. Küchenmeister, in the *Zeitschrift für Praktische Heilkunde*, recommends the aqua calcis as a diuretic in acute Bright's disease and general anasarca. He was led to these experiments by the power possessed by this substance to dissolve protein compounds. The dose at the commencement was one to two drachms to three or four ounces of water, of which, every three hours, a tablespoonful was taken. The next day the urine increased from one ounce to four, on the second day to six, on the third to ten, on the fourth to fourteen, on the fifth to twenty-three, on the sixth to twenty-seven, and on the seventh to thirty-four ounces. The albumen steadily decreased, while the fibrin cylinders constantly increased. It is recommended that the attempt be continued.

Resignation of Prof. Nelaton.

A writer in *L'Union Médicale*, speaking of Nélaton's elevation to the rank of senator, hints that his retirement from practice may not be compulsory. For the last two or three years, he says, Nélaton has been gradually withdrawing himself from practice; and a year ago he voluntarily resigned his professorship. This action on the part of Nélaton he atributes to the fact that that eminent surgeon, like many other men advancing in age, is obliged to use glasses to aid his vision; and that he—very conscientiously—dislikes being obliged to use artificial aids to sight while operating. "A professor of clinical surgery," Nélaton is reported to have often said, "ought to be able to operate without the help of glasses," and, as he was obliged to have recourse to their aid, he resigned his professorship.

Brain-work.

The *Gentleman's Magazine* speaks thus of the overstraining of the nervous system:—"This excessive tension at which the mental faculties are kept for ten or eleven months of the year, in the vortex of City life, by the never-ending competition and struggle for pre-eminence in social and professional status, to which all who live by their wits or their talents are now subjected, produces a wear and tear of body and of mind, the ultimate result and acme of which are premature old age. Its marks are easily discerned by the attentive observer. You may read them in the care-worn countenance, in the hair permaturely grey, in the lank and stooping figure, in the languid and feeble gait; and the physician also detects it in the habitual dyspepsia, in the disordered circulation, and in the degenerated and worn-out heart. The failing memory, the in ability to fix the attention long upon any subject; and the irascible or desponding temper, mark the equal decadence of the mental *pari passu* with that of the physical powers."

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correction.

In the Report of the Obstetrical Society of Boston, in the Reporter for Aug. 29th, 1868, the cases and suggestions as to treatment of spontaneous evolution, are attributed to Dr. Samuel Morrill. The Secretary of the Society has informed us that the paper in question is the sole work of Dr. Charles G. Putnam, President of the Society. Dr. Putnam only cited a case of Dr. M.'s, to which he had been called in consultation.

Correspondence.

DOMESTIC.

The Merritt Case.

Editors of Medical and Surgical Reporter:

I was highly gratified with your criticism on the famous "Merritt Case," which, from the good sense it contains, will commend itself to every candid reader.

Being identified somewhat with that case, I wish to make a few observations regarding it. The insinuations of certain newspapers as to *a physician* being bribed, I consider very harmless individually, on account of the whole matter being so well and clearly understood by the community to which I belong, and so have let it pass unheeded.

But as you allude to it as being, in a general manner, pointed against the medical profession, I feel it my duty briefly to state *how* and *why* the certificate was granted.

It was given by me conscientiously and unhesitatingly, without the least stipulation, promise, or hope of reward.

It was given at the request of Hon. E. L. Price, the brother of Mrs. Merritt, who, jointly with Ex-Gov. Price, (another brother,) I believe was actuated only by feelings of the kindest and most affectionate regard for his sister's good.

It was given on the conviction that in so doing I was performing a charitable duty toward Mrs. Merritt herself on the one side, and toward her relations and all *her real friends* on the other side.

It is not proper or incumbent on me at present to particularize the facts in the case which led me to form my judgment; but as the *victim* has been residing in our immediate vicinity over two years, and her general conduct, both in word and deed, had made her unfortunately conspicuous and notorious, I think I had a good basis for my opinion.

I was astonished at her sudden release, and agree with you, that three weeks constitute a "brief opportunity for observation." It is a well known fact, that not unfrequently insane persons designedly conceal their malady for the purpose of accomplishing some object they have in view, and by their "systematic correctness," will deceive the learned and expert. So it is necessary that the scrutiny should be close, and observations continued for a considerable period.

Apropos to this, let me allude to a recent case as illustrating the danger of the hasty liberation of persons commited to the charge of insane asylums. About the same time that Mrs. Merritt was taken to the Asylum, Mr. David Ackerman, of Ridgewood, Bergen co., N. J., was sent to the same institution; he was afterward set free, and since his return home has committed suicide by hanging. I do not know the period of his confinement, but am certain it must have been brief.

In conclusion, I would refer all who may be interested in this case, to the editorial of Medical and Surgical Reporter of Feb. 1st, 1868, entitled *Dipsomania*, hoping they may find "views" there held forth which will "enlighten" them.

A. S. Zabriskie, M. D.

Suffern, N. Y., Sept. 16th, 1868.

A Case of Traumatic Tetanus Cured.

Editors Medical and Surgical Reporter:

Sunday evening, Sept. 6th, 1868, I was called to see Eli Y., a young man aged 20 years, a farmer by occupation, laboring under the symptoms of tetanus, the result of a wound of the left heel.

About ten days previous he cut the bottom of his heel with the corner of a plowshare. The wound being slight at first, apparently healed without any difficulty. But in the course of about eight or ten days after the injury was received, suppuration commenced in the foot, with excruciating pain, increasing in severity till symptoms of tetanus made their appearance, when I was sent for. On arriving at the house I found the patient laboring under spasmodic action of the whole muscular system, with rigidity of the masseter muscles so great, that his jaws were so firmly closed that it was with the greatest difficulty that I was enabled to introduce the point of a teaspoon between his teeth for the purpose of administering medicine in the form of anodynes. There were also symptoms of opisthotonos at intervals. The closure of the maxillaries continued about twelve hours, when they began to relax, and the patient was able to move his inferior maxillary slightly, and to speak a word or two at a time. Any noise or sound would still produce tetanic spasms. The treatment consisted in a free incision with a bistoury

of the injured heel, with the discharge of a small quantity of sanious pus, and the application of large poultices, with the administration of morphiæ, sulphas in large doses, at intervals of half an hour, until about 2½ or 3 grains were given, when the spasmodic twitchings began to subside, and about midnight the patient fell into a quiet sleep, and slept about four hours. On visiting him next morning at 9 o'clock, I found him somewhat improved, being able to speak, and take some nourishment. I prescribed a purgative of hydr. chlorid. mite and jalap, which operated during the day. The patient continued to improve, still taking some nourishment in the form of chicken broth and gruel occasionally, and in four or five days the wound had almost ceased to suppurate, and he was free from pain, and was able to move about the room; and in five days afterward the patient called to see me at my office, in perfect health.

A. M. Miller, M. D.

Enterprise, Lancaster co., Pa.

Bite of a Serpent.

Editors of the Medical and Surg. Reporter:

A case of poisoned wound caused by the bite, of a snake, known here as the Copperhead Moccasin, may interest the readers of the Reporter. The subject was a farmer's son, a lad of twelve years old, and, at the time, during the month of July at work in the harvest field binding wheat sheaves. He was struck by the snake on the right index finger. The seat of injury presented a dark blood-spot, swelling of the soft parts above the wrist, attended by excruciating pain, and great terror. A tourniquet was promptly applied to the arm above the elbow, and a strong mixture of ammonia and whisky given every five minutes,—alternated with new milk. The wound was freely cauterized with argentum nitras, and poulticed. The patient slept none during the night from excessive suffering, which resisted powerful opiates and alcoholic stimulants. The following day a line of tincture of iodine was drawn around the arm at the margin of the swelling, which now extended in dark livid patches to the axilla. The inhalation of chloric ether somewhat relieved the pain and induced a little sleep. The soft parts became gangrenous near the wounds, and sloughed leaving the tendons and bone of the injured finger nude—there was constant nausea,—palor of the face and loss of appetite. At the present time, more than two months after the accident, the patient has recovered, with his finger bent toward the palm of the hand, and useless. My friend, Surgeon A. K. Smith, U. S. A., recommends amputation.

The poison of venomous animals of the snake kind come under the head of septic or putrescent poisons, which if absorbed cause such a derangement in the animal economy as to produce disease. The snake is "cursed above all cattle," and does indeed bruize the "heel of man" to a most fearful extent. As there is in nearly all the toxic diseases of this class, a natural tendency to the self elimination of the poison, the "vis medicatrix naturæ" may be aided by the surgeon promoting this result by powerful stimulation, local cauterization and ether. In this instance, the constitutional disturbance was so great as to disturb the general health, and demand resort to quinine and even cod liver oil.

Death from Winslow's Soothing Syrup.

Editors Med. and Surg. Reporter:

Whilst I agree with Dr. C., and would heartily second the suggestions of the Eds., viz., "prohibiting the sale of Winslow's Soothing Syrup by law, as dangerous and destructive of life," yet I cannot help condemning Dr. C's treatment, in toto as far as he speaks, of having ordered gr. j. of Dover's powder, to be taken every three hours, by an infant aged nine months. Why does the Dr. find fault with parents who give a nostrum to their infants of whose contents he confesses himself ignorant? and why, since he "believes the syrup occasioned the death," "and the case a veritable one of poisoning by opium," does the Dr. venture to order gr. 4-5 solid opium to an infant in 24 hours? Does the Dr. think that six teaspoonfuls of the syrup contained more opium than what he ordered? I unhesitatingly confess that I believe no such thing, else the soothing syrup would kill a hundred infants where it now kills one. I am opposed to giving Winslow's Soothing Syrup to infants, and warn all my patrons not to touch the thing if they do not wish to kill their tender offspring, but then my practice is consistent with my profession and instruction. I do not prescribe opium to an infant in any shape or form whatsoever, holding that the proper dose of this drug for an infant is *none at all.* When will doctors learn this, to infant's lives, important truth?

Two striking cases came under my observation recently. Two infants turning three months old, were taken with diarrhœa, and had swallowed Dover's powder in gr. 1-4 doses, which drove the disease to the brain, nay, caused a much severer and much more fatal disease—congestion of the brain, which killed one of the poor little ones in

a very few hours. After the death of the one I was called in consultation by the physician, a man of fifty years' experience, who gave the surviving one into my care. I at once stopped the Dover's powder and the child improved, for a time, and had it been nursed on the mother's breast instead of the bottle, it would undoubtedly have lived. It died, eight days after, *without any head symptoms*, from exhaustion and want of proper nourishment.

The *second* case was a child 18 months old. Here, my friend, Dr. M., was called in consultation. He opposed the giving of Dover's powder, whilst two other physicians advocated it. The powder was given with Dr. M's protest, he being in the minority; it had its effects, did its work, killed the child. We (Dr. M. and I) are determined to put down our foot, heel and all, on the giving of opium to infants, be the opponents who they may,—we will hereafter rather give up the case entirely than have any part in the killing of these little ones.

Edw. Hill Sell, A. M., M. D.
47 *West 29th St., New York,*
August 5, 1868.

Case of Luxation of Both Patellæ of Long Standing.

Editors Med. and Surg. Reporter:

The following case may not be without interest to your readers:

Philip Martin, 35 years old, a native of France, was admitted to St. Mary's Hospital, June 20th, on account of paraplegia. Noticing a marked deformity about the knee-joint, I learned from his history, that when seven years old, he had, in jumping over a stream of water, alighted on his knees, producing a dislocation of both patellæ outwards. No attempt was made at reduction by the surgeon who saw it, or if an attempt was made, it failed. No great inconvenience was suffered at the time, except some stiffness of the joints which disappeared in a few days. Since that time he has been engaged in various occupations, without experiencing the slightest trouble on account of the injury.

There is a remarkable depression in front of the knee, the patellæ lying immediately upon the external condyles. They are perfectly movable, and the extensors of the leg perform their work apparently as well as usual, notwithstanding the change of position. No attempt was made at reduction.

R. W. Hargadine, M. D.,
House Surgeon, St. Mary's Hospital,
Sept. 2, 1868. Philadelphia.

News and Miscellany.

—— Dr. House, formerly of Newark, N. J. but for the last ten years missionary to Bangkok, Siam, was recently attacked by an elephant, and nearly killed. He was on his way to a new station, in order to render medical aid to other missionaries who had preceded him. His life was saved by a native.

—— *A large Needle or Bodkin* was removed from the limb of a young lady in Raleigh, by Dr. E. Burke Haywood, from the effects of which she had been suffering for the last twelve years, being compelled to use a crutch.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Brown—Melins.—At Albany, N. Y., Sept. 12th, by the Rev. John R. Young, D.D., Paul R. Brown, M.D., of Lenox, Mass., and Miss Annie Melins, of Claverack, N. Y.

Carver—Black.—Aug. 30th, by Rev. Samuel Mahaffey, Mr. James C. Carver and Miss Clelia De France, only daughter of Dr. H. C. Black, of Freeport, Harrison co., Ohio.

Hill—Norton.—In Gardiner, Me., Aug. 30th, by Rev. Mr. Fletcher, Dr. W. S. Hill, of Augusta, and Kate W. Norton, of Gardiner.

King—Fullings.—At Charlotte, N. C., Sept. 3, by Rev. Henry Vehslage, Jr., Dr. John T. King, U. S. A., and Sarah P. Fullings, daughter of Edward Fullings, Esq., formerly of Irvington, N. J.

Mather—Beebe.—In Bethel, Conn., Sept. 15th, by the Rev. George Pelton, Wm. H. Mather, M. D., and S. Libbie Beebe, both of Bethel.

Peck—Bates,—In Derby, Vt., Aug. 3d, at the residence of the bride's father, J. H. Peck, M.D., of West Concord, Vt., and Miss Florence C. Bates, of Derby, Vt.

Perchment—Bradley.—Sept. 1st, 1868, at Spring Lawn, the residence of the bride's father, by the Rev. L. F. Morgan, D.D., Dr. P. D. Perchment and Mary E. Bradley, daughter of Alexander Bradley, Esq., all of Pittsburg, Pa.

Segur—Thomas.—In Pittsfield, Vt., Sept. 6th, at the M. E. Church, by Rev. F. H. Roberts, of Randolph, Dr. J. M. Segur, of Kent, Ohio, and Miss Zilpha A. Thomas, daughter of Austin Thomas, of Pittsfield.

Sharpless—Nancrede.—Sept. 9th, by the Rev. A. Atwood, Mr. James W. Sharpless and Miss Kate Nancrede, daughter of the late Dr. Nancrede, all of Philadelphia.

Smith—Miller.—At Warsaw, N. Y., Sept. 3d, by the Rev. J. E. Nassau, Dr. J. K. Smith, of Moscow, N. Y., and Miss Hettie L. Miller, of Warsaw.

Strang—Depew.—At Peekskill, N. Y., Sept. 2d, by Rev. Mr. Johnson, Albert Strang, M.D., of New York, and Kate, daughter of Isaac Depew, Esq., of Peekskill.

Wade—Knapp.—In New York, Sept. 16, 1868, at Calvary Church, by the Rev. W. S. Mikels, D.D., Dr. Charles H. Wade and Miss Mary P. Knapp, both of that city.

Watson—Conkey.—At Shamokin, Pa., Sept. 14th, by the Rev. John P. Conkey, William Watson, M. D., and Miss Lucy F. Conkey, of Dubuque, Iowa.

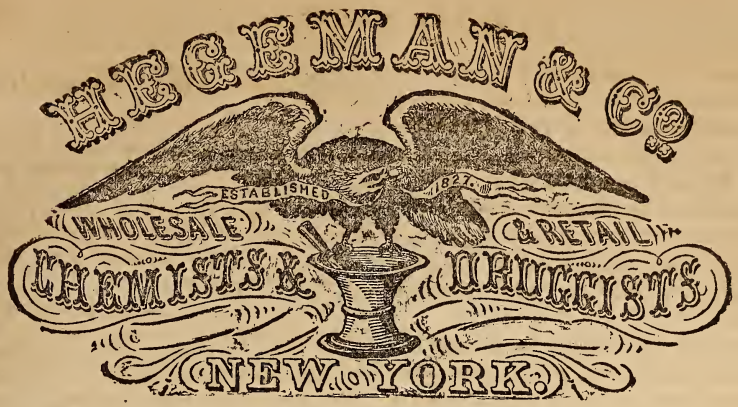
DIED.

Hall.—In Berkshire, Vt., Sept. 6th, Dr. F. M. Hall, aged 83 years. He had been a resident of Berkshire for forty-nine years.

McConkey.—Aug. 15th, Alice Rebecca, aged 3 years, 3 months; and on Aug. 19th, Amelia Margaret, 1 year, 2 months, children of W. J. McConkey, M.D., of Mapleton, Ohio, both of dysentery.

McMillan.—In New York, Sept. 6th, Arthur Henderson, son of Dr. Charles and Emeline Arthur McMillan, in the 8th year of his age.

Stokes.—Sept. 18th, Dr. J. Spencer Stokes, in the 26th year of his age, of Moorestown, N. J.



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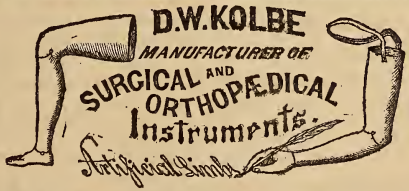

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SPINAL SYMMETRY AND DEFORMITY.

By E. P. Banning, M. D.,

Of New York.

DIGNITY OF PHYSICAL UPRIGHTNESS.

It is apparent that throughout the animal kingdom the gift of physical erectness has been reserved to man alone; that, by and through it, man is installed in his recognized lordship over the beast of the field; and that in it, we may discern the boundary between the soul of the beast, which goeth downward, and that of man, which goeth upward. It is further apparent, that physical uprightness is both significative and comprehensive of moral uprightness also; is divine in its institution, humanizing in its working, and the insignia royal of the *Great King*, that *man is born* heir to heavenly immortality. And, so irrepressible was the perception of this significative nature of animal erectness, that Grecian philology baptized man Anthropos, The being with the heavenward (upturned) face.

PHILOSOPHY OF THE ERECT POSTURE.

This we find to consist chiefly in an equipoising of the superior trunk over and upon the body's centre of gravity; which centre is located in two lumbar vertebræ. This latter is a controlling fact, and is rendered apparent by a glance at figures 1 and 2.

Fig. 1 (front), shows by vertical line *b*, *b*, and oblique lines *c c*, *c c*, that when the equal limbs tread evenly, the upward force of the earth, on the one hand, and the downward force of the superior trunk, on the other, must converge in the lumbar vertebra on perpendicular line *b b*, which is vertical to a point equidistant between the feet.

Fig. 2 (side), shows that when the body is perpendicular to itself, the gravity of the superior trunk balances (antero-posteriorly) over and upon two lumbar vertebræ—the lumbar curves acting as neutralizing equivalents reciprocally. If the latter were not so, perpendicular line *b b*, and oblique lines *K K*, *L L*, could not all of them intersect at the same point in the lumbar vertebræ—as they do by virtue of inexorable law.

Thus, then, it appears clear, that when this two-pillared pile is perpendicular, it constitutes a complete microcosmic centripetal system in itself, with the lumbar spinal curve for its centre; and, that from and around the latter, all the antagonistic muscular forces and motions play, in activity, and return to it in repose, exemplifying the law, that all orderly systems work from centre to circumference, not from circumference to centre; and also, that when equipoised upon this centre, the body, in both its axes, is literally pressed into symmetry by and in the ratio of its own gravity, and must so remain until centripetality is broken by muscular or other disturbing force. It further appears, that when this lumbar curve is in this mathematical centre of the body, it is both the source and the arbiter of all the superior trunkal movements and bearings; and, that until it either advances or retreats, the superior trunk can make no considerable motion either way, without falling. That is, in bowing, the lumbar spine must first retreat behind its central bearing; or, in leaning back of that point, the latter must first advance. Hence it is, then, that if the thumb is firmly pressed upon the lumbar curve of an upright man (at the true axis), an attempt to bow, will bring the whole body's weight to bear against the thumb, so anxious is the centre to retreat to allow the superior trunk to advance; and if the effort to throw the chest forward is great, and the thumb holds firmly, the heels must rise, and the body fall (turn up at root). Hence, also, why, when the experiment is changed, and the thumb is held some two inches from the spinal centre, that centre will retreat and touch the thumb in bowing. The philosophical inference of this is, that all the graceful motions of the superior trunk are derived from, and dependent upon, preceding opposite movements of the lumbar spine, and never otherwise, and that the unsuspected source of both physical symmetry and deformity lies in this spinal centre, and that this is the point at which to first operate, both for the con-

Fig. 1.

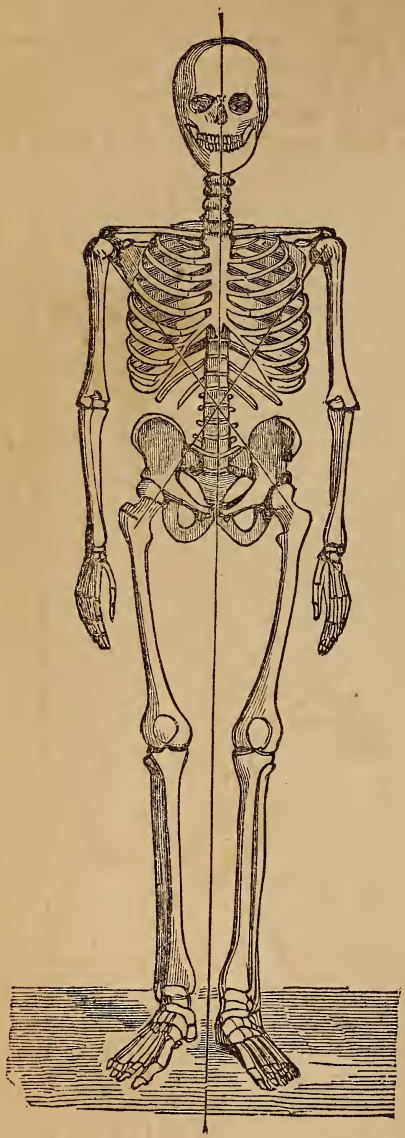


Fig. 1. *b b* vertical line, traversing the entire medial line of the spinal column, and falling equi-distant between the feet. *c c*, *c c*, lines from the basal and upper corners of the trunk, and converging in the lumbar spine on *b b*, illustrating that to be the point where the upward force of the earth through each leg, and the downward force of the body, converge as upon a transverse centre of gravity, and so, literally press the body into transverse symmetry upon that point.

Fig. 2.

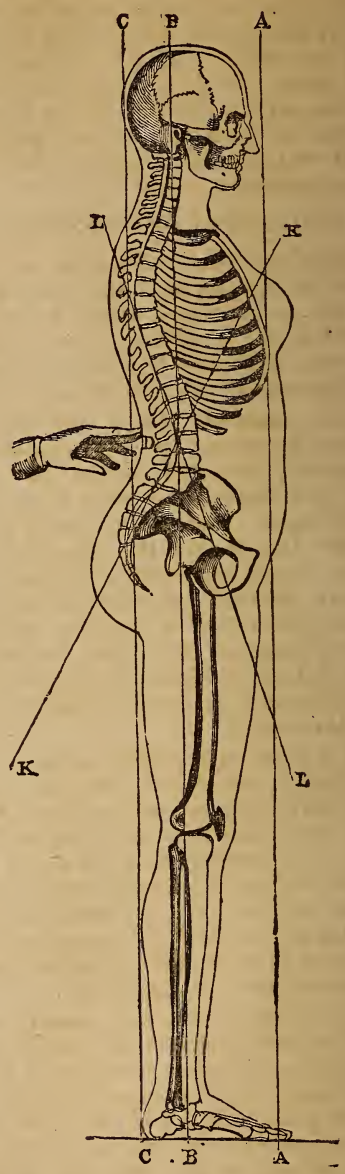


Fig. 2. *A A*, vertical line, showing tip of nose, pubes, and large toe, all to be in line when the body is erect. *C C*, line showing extreme occiput to be vertical to extreme heel, and that there should be a considerable space between it and the lumbar spine. *B B*, line passing through the cervical and lumbar medulla spinalis, and also the hip, knee, and ankle-joints, showing all these points also to be in line, and that the lumbar curve is the body's antero-posterior centre of gravity. *L L*, *K K*, oblique lines, traversing the advancing and retreating spinal planes, and intersecting on *B B*, in lumbar curve, thus giving mathematical proof that the lumbar spine at ☞ is the body's antero-posterior centre of gravity and spinal axis.

tinuance of symmetry and the removal of deformity. This idea also explains the fixed fact that gross and cumbrous bodies are proverbially more erect and sure-footed than those which are slight and lean. That is, the spinal centre is, in them, so shoved in advance of a line vertical to the ankle, as to compel the superior trunk to be poised sufficiently behind that point, to antagonize the force of anterior abdominal weight.

PHILOSOPHY OF DEFORMITY.

Having seen that erectness is mainly the result of an equipiosing of the superior trunk upon the spinal centre, which is vertically suported on two equal bases, we are prepared, by a glance at Figures 3, 4, and 5, to comprehend the rationale of spinal obliquity.

Fig. 3 represents Fig. 2 with its dorsal muscles relaxed, and its lumbar spinal curve consequently retreated behind its vertical point *B B*, leaving the chest to *appear* to have advanced. But that this is an illusion, is evident from the fact that the mathematical diagram (which is identical with that in 1 and 2) shows the head and feet to be intact, and that only the *middle* of the body (or lumbar axis) has changed. Thus, then, we are forced to say that the legitimate working of gravity alone has caused the droop, because the spinal point has receded

Fig. 4 shows substantially the same facts as does Fig. 3, only that in the first case the defect was a *curve*, and was general, and Fig. 4 shows the defect to be an *angle*, and to be local. But, bowed down as the figure is, the lines show that the chest is still vertical to the foot, and that the angle only has receded, and that weight alone is increasing the derangement, in which decided pathological conditions are liable to be involved.

Fig. 5 represents a body resting mainly upon the right foot, and the upper trunk, in consequence, leaning to the right, to preserve its equipose over the supporting base. This compels gravity, in lieu of traversing the entire perpendicular medulla, as in Fig. 1, to break across it at its lumbar and dorsal portions, and to act upon the frame much as it would to sit upon a chair's edge when poised only upon two of its feet; *i. e.*, the earth crowds the right hip bone upward and inward, and throws the left one correspondingly downward and outward. Next, the vertical action of gravity upon the trunk, in turn must crowd the dorsal spine and right shoulder to the right and upward, thereby practically "saddle-bagging" the trunk across the spinal axis, and so both incepting and consummating a progressive double deformity; and that, too, without antecedent disease usually, it being the legitimate working of the law of gravity upon an unequal and one-sided base. In other words, the gravity which, in Fig. 1, of necessity pressed the body into symmetry from two equal bases and a vertical centre, is now, from one only base and a lost centre, equally compelled to press the body out of symmetry; the fault, meantime, not being found at the

Fig. 3.

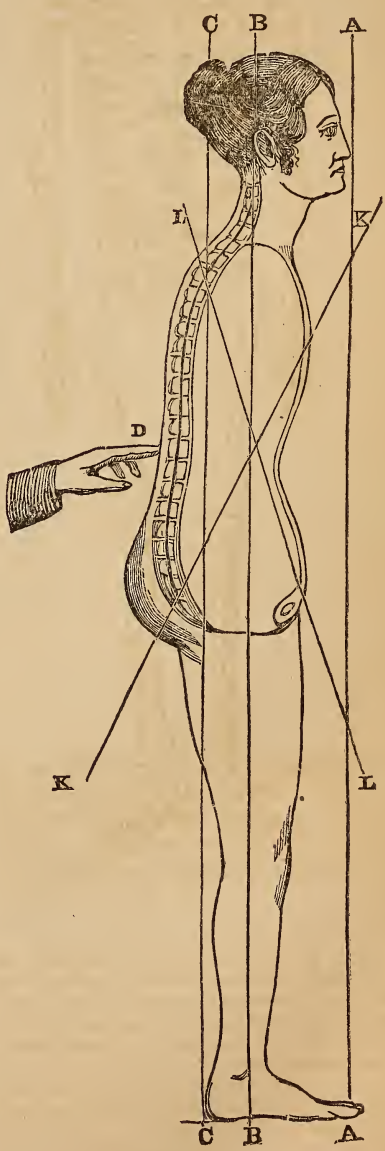


Fig. 3. Illustrating a form drooping from habit or weakness; and that the cause is, a receded spinal axis, and not displaced shoulders.

points of deformity. It should also be noted, that the lumbar curve in this case is the *primary*, and the dorsal the compensative curve, inasmuch as that portion of the spine is the *base*, and receives the first shock from tangent pressure, with the leverage of a long and swaying trunk bearing upon it from above. Again: not only does this state of things sway the *osseous* frame from its centre, but it also breaks up the antagonism of the trunkal muscles in such a way, that the stronger their general action, under such circumstances, the greater will be their deforming influence. Thus, then, by the vertical action of gravity upon an *unequal* base, we have the initiation, and by consequent unbalanced muscular action, the *consummation* of a lateral spinal deformity. Besides these, there are other varie-

Fig. 4.

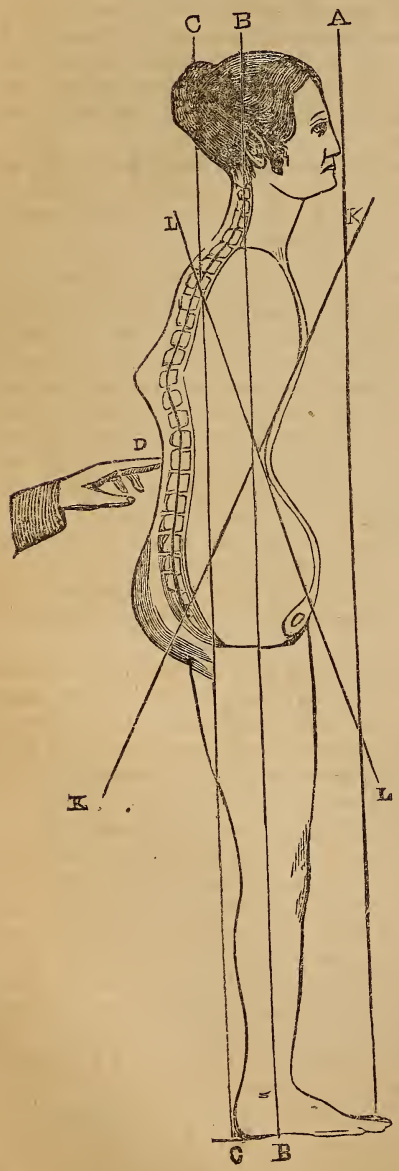


Fig. 4. Illustrating the same as Fig. 3, only with an acute angle, and not a mere general curve.

Fig. 5.

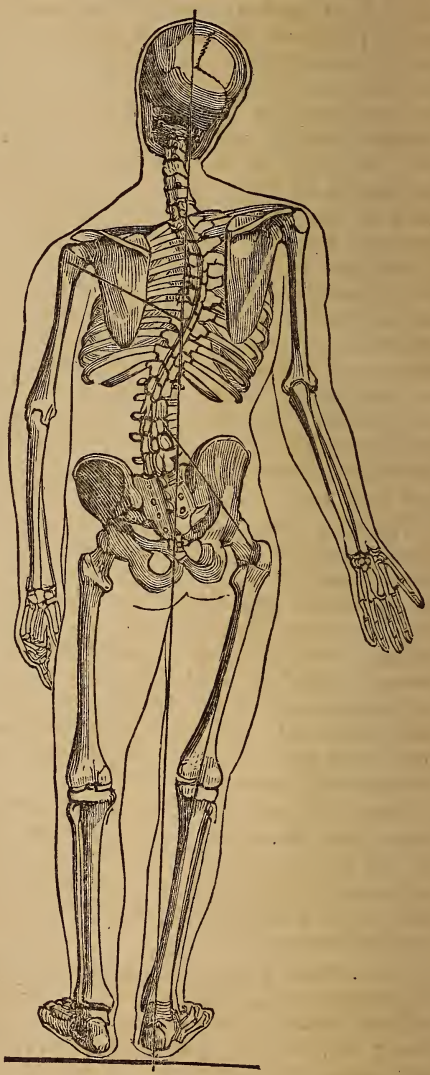


Fig. 5 represents the body supported mainly on right foot. *A. A.* Perpendicular line, from centre of head to right heel; showing the head to be still vertical to the basal point. *B. B.* Angular line indicating the direction of gravity against the lumbar spine, and shoving it to one side. *C.* Line showing the weight of the head and left shoulder to be in the interest of a dorsal curve to the right.

ties of curvature, such as the lateral-single and the anterior, but the details of their philosophy and therapeutics are all comprehended in the above fundamental principles.

PATHOLOGICAL CONSIDERATIONS.

When the body is erect, there is no undue pressure upon any one point of the osseous, cartilaginous, or medullary tissues of the spinal column, nor is there any exhaustive tension of the spinous ligaments or dorsal muscles. Then the body's weight bears upon the central portion of the column, and when temporarily out of plumb, the weight is translated (for the time) to other portions of the vertebral surfaces. In the first case, the spinous ligaments and dorsal muscles are at perfect rest, and only in the exercise of the tonic contraction of their texture. But when the body is transiently *out* of its axes, those tissues are also (for the time) on the strain Under the ordinary order of life, these varieties of position, relation, and condition, are so diversified as to rather conserve the normal condition and use of these tissues But, when to be drooped or curved is the *rule*, not so; and although some organic states will resist nearly all evil tendencies, such a state is liable to result in serious changes especially under a strumous diathesis and a state of general cachexia.

Touching these changes, for the professional reader, it is sufficient to say, 1st, that the tendency of the greatly increased amount of permanent compression thus brought to bear upon the inter-vertebral cartilages and spongy bones, is adapted and liable to increased irritation, tenderness, inflammation, and softening of those tissues, which, if too long continued, will result in absorption of both bone and cartilage, and, of course, correspondingly increase the spinal angle.

Next; this state of things is liable to impinge upon the spinal marrow and the roots of the branching nerves, and induce a concatenation of local and radiated effects, especially such as relate to the cerebral and locomotive functions.

Next; that under such circumstances the consequent and continued traction upon the spinous ligaments and dorsal muscles, is directly adapted, first to weary, next to irritate, and lastly to exhaust those tissues; not so much on account of the increased burden, as of its unmitigated continuousness. This, in connection with the aforesaid changes going on in the cartilages and spongy bones, not only induces weariness and diminished physical force, but also those varied sensations which the patient so quaintly expresses, such as "giddiness," confusion of ideas, "loss of memory," heat in the head and back, "a constant tired feeling," an "aching," "grinding," "gnawing," "wrangling and raving distracted feeling."

The incipient stages of these symptoms are usually called "nervous or rheumatic," and are either neglected or unsuccessfully treated with plasters, anodynes, and tonics, while it never occurs to the physician to ascertain, 1st, whether there is any curvature or tenderness of the spine, and, 2d, if the body is permanently out of plumb, and consequently, the spinal muscles, ligaments, cartilages, and spongy bones undergoing a torture, something like the wearing of tight boots on tender feet, and that of a perpetual weight hanging from the arms.

Indeed, the profession must bear with us while we say, that this miserable diagnosis is the rock upon which the last hopes of thousands have been dashed.

THERAPEUTIC INDICATIONS.

In this department, also, we are forced to take a purely physical view, by virtue of what has gone before, and remark fundamentally, that as most of the varieties have been mainly developed by and through the body's being unequally supported upon one foot and one hip, and the consequent gliding of the spinal axis to one side of its primary vertical position, it follows that the first curative indication is, to *reverse the force of the body's gravity to the opposite side of the spine at each point of* CURVATURE; for by that, we compel the force which maintains the difficulty, to correct the same.

In order to do this, we have only to shift the weight of the body to the opposite foot, and at the same time, to vigorously support and crowd the receding convexity of the lumbar spine toward its primary vertical point, as in Figs. 1 and 2.

In doing this we not only change the base and reverse the force of gravity, and bring the body into a degree of centripetality, but also break up an undue action of one set of muscles, and compel the opposite set to come into requisition, and commence a return to their primary antagonism. In a few words, then, we thereby reverse the mathematical bearings of the *frame* toward the gravity, and thus compel the muscular "shrouds and backstays" to come into an orderly antagonistic action.

But how shall this be accomplished? To this inquiry we reply, First: that proper muscular habits, either under ordinary labors or special calisthenics, would about invariably prevent these obliquities (all things equal),

but that when they have fairly gotten under way, seldom or never could they alone rectify such cases; and that in connection with electric, gymnastic, and constitutional treatment, they positively demand co-operative physical force.

Next, that such mechanical force should embody a fulcrum and lever counterpart of the curvature, inasmuch as it is by a fulcrum and lever action over an unequal base, that gravity has worked the mischief.

And lastly, that in proportion as instrumentalities lack the above counter principles, on which the curve is incepted and perpetuated, and act simply on the principle of circular pressure, or by direct abstract force, they cannot correct a lost axis, or give any support in which a progressive cure, by muscular eduction, inheres; such appliances would exert only a dead circular or screw force, which is not aggressive, and which is likely to rest for its fulcrum upon other weak parts which need support themselves. Such contrivances can only come about as near to bracing and levelling the body in the interests of muscular eduction and centripetality, as one's pulling powerfully upon his own waistband would, toward elevating him heavenward. Keeping these fundamental principles in mind, we will now consider a case of

Simple Drooping,

which may be the result of habit, or of muscular weakness; it may also be simple, or complicated with spinal tenderness and irritation. If it is a case resulting from habit merely, with no disease, and the form is slight (especially if the subject be a child), the body-balance (see Fig. 6) may be all that is requisite for crowding the antero-posterior spinal axis to its vertical point, and so compelling gravity to support and not to crush the form. Again: if this light and cool instrument were worn during school hours by boys and girls of slender make, it would avert a vast amount of deformity and ungracefulness, and prove a national blessing in the shape of a well-formed people; for, in the plastic and susceptible tissues of childhood, it is literally true, that "Train up a child in the way he should go, and when he is old he will not depart from it." Again: that "Just as the twig is bent the tree is inclined." If any one doubts the wisdom of this suggestion, he has only to note the fact, that school girls about invariably assume the "Grecian bend;" and if he takes notice of the cramping seat and desk arrangements between which children are packed, he will wonder how any diligent student can fail to retract the epigastrium, round the shoulders, compress the chest, and so become heir to many inconvenient and fatal troubles.

Fig. 6.

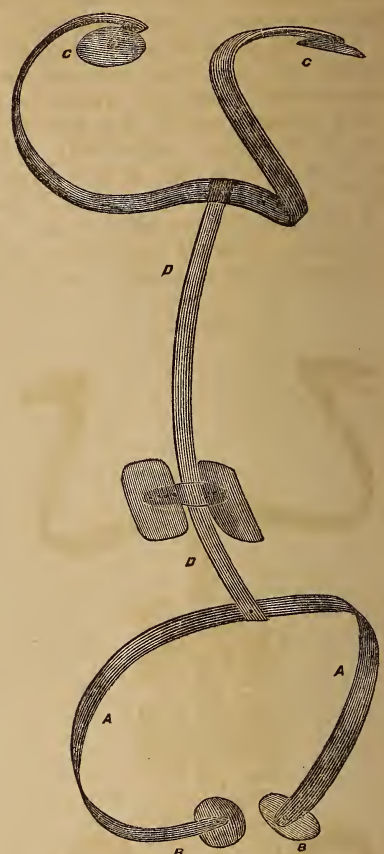


Fig. 6. The Body-Balance, for balancing the body upon its centre of gravity, when the subject is young the form is slight, and no abnormal support is required.

A A, spring encircling the pelvis; *b b*, convex pads, covering the inguinal opening, serving as points of resistance, giving some abdominal support, and protecting against inguinal hernia.

C C, shoulder-bow, with caps, which press upon the anterior convexity of the heads of the humeri. Its action is to press in the inner edges of the scapula, roll out the shoulders, and so flatten the latter and expand the chest.

D D, spinal lever and dorsal pads, which, when joined to the shoulder-bow and hip-spring, so push forward the lumbar curve, as to balance and symmetrize the body. A physiological and airy substitute for the corset, especially adapted to school boys and girls.

Another effect of action upon this suggestion would be the banishment of the heating and compressing corset, which gives all of its support and improvement of form (?) either by compressing the waist and depressing the viscera, or by furnishing something to lean upon. Whilst the balance, on the other

hand, sits *behind*, pushing forward the small of the back, poising the body upon its centre, levelling and sloping the shoulders, and expanding the chest in the interest of respiration and digestion. One lets the body upon it, whilst the other balances the body upon itself. On this point we cannot close without reminding the profession that to effect a *revolution* which would be replete in good taste and humane results, they have only to exercise a legitimate interest with families where their opinions are at once "law and gospel." And should any of them demur to this, on the score that the balance is an "artificial" support, we would say in turn, Is not the inevitable corset an artificial support also,

Fig. 7.

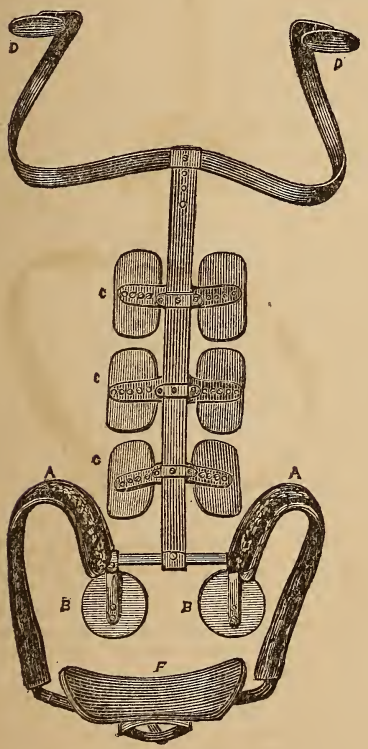


Fig. 7. Abdominal and Spinal Shoulder-Brace.—*A A*, arches of the mainspring passing above each hip-bone, avoiding all pressure on the bones, nerves, or blood-vessels, and furnishing the power of the instrument. *B B*, pads supporting glutei muscles on either side. *C C*, aggressive supporting saddles, to either side of the dorso-lumbar spine (in ordinary cases only the lower saddle to be used), holding that portion of the spine properly forward. *D D*, spring support, resting anteriorly upon the heads of the humeri. *F*, front pad, elevating abdominal viscera.

The combined action of all is, to elevate the lineal viscera, sustain the lumbar spine in its vertical position, and poise the superior trunk behind the spinal axis.

and contraband of physical law, whilst the balance acts in the interests of such law? "Take us the foxes, the little foxes, that spoil the vines, for our vines have tender grapes."

But as a rule, this airy brace is too slight, except in cases of children, and the abdominal and spine shoulder brace (Fig. 7), in some one of its forms, is required. Ordinarily, but one dorsal saddle should be used in this instrument, and that should be applied to the

Fig. 8.

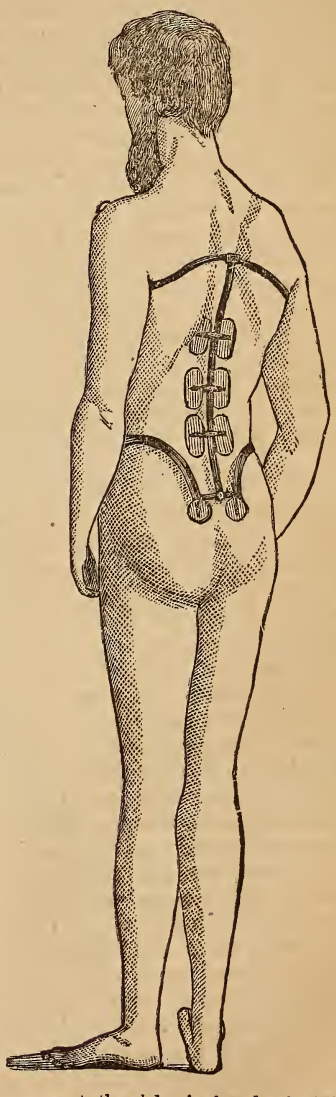


Fig. 8. represents the abdominal and spinal shoulder-brace, correcting drooping by conjointly springing forward the dorso-lumbar spine, drawing back the superior trunk and elevating the abdominal viscera, and consequently expanding the thorax and hypochondria. In the mean time perfect visceral and muscular freedom are preserved.

lumbar spine, but, if actual weakness in addition to habit is present, or if there is much tenderness, then for more complete spinal support, one, two, or even three saddles as will answer should be used. When applied (in Fig. 8) this instrument reposes the body upon its spinal centre, and thus removes stress from the dorsal muscles and spinal ligament, on the one hand and takes compression from the intro-vertebralis and spongy bones on the other; and the restorative powers are re-enfranchised. But, with much

Tenderness and Irritation,

though properly poised, a portion of the body's weight requires to be actually lifted from the tender points; otherwise, through continual compression, all hope of a cure may be cut off by ultimate softening, caries, abscess, and curvature. In fact, neglect just here has resulted in the culmination of thousands of hopeless spinal affections, which attention to this injunction might have averted.

In meeting this additional indication, the spinal prop (Fig. 9) has ever proved efficient; and Fig. 10 represents its practical workings upon the body.

It differs from other instruments in use for the same purpose—

1*st*. In having a firm and immovable *point above* and inside the innominati. Conse-

Fig. 9.

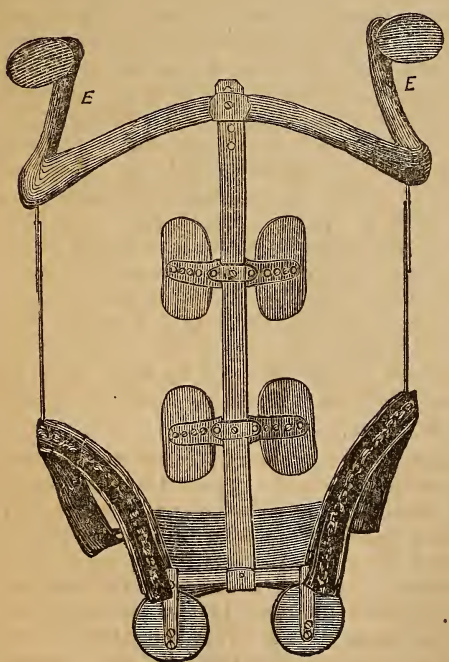


Fig. 9. The Spinal Prop consists of Fig. 7 with the addition of *f f*, which are extensible side-posts resting upon the arches of Fig. 7, and converting the shoulder-bow, *E E*, into unyielding crutches.

By this addition, not only are the viscera elevated, the shoulders drawn back, and the proper forward spring of the lumbar spine preserved, but a tender, irritable, or carious spine is vastly relieved of pressure. The subject is allowed to exercise freely, and threatened disorganization and curvature are averted.

Fig. 10.

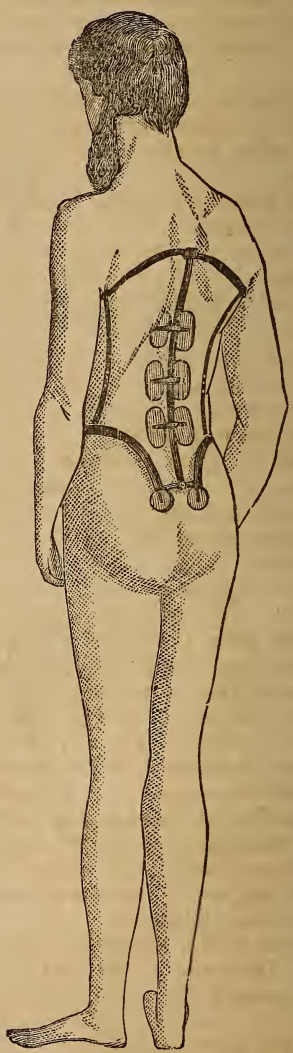


Fig. 10 shows Fig. 9 not only supporting the spine, but relieving spinal irritation, by taking the weight of the body from tender spinal points, and protecting the latter in the case of jolting and twisting the body. This it accomplishes by the crutch action under the axilla, which compels the innominati to carry the superincumbent weight, and receive the shocks.

quently, it does not recede under the body's pressure; compresses no muscle or circulating vessel; and its peripheral being so near the body's transverse centre, it does not "shirk" on shifting the body from one foot to the other.

2*d*. Its whole action is from behind, no part of it touching the sternum or ribs at any point, in the largest respirations or freest motions. Its effect is to elevate and shove the thorax and spine forward by a purely fulcrum and lever action, touching only at convex and distal points, leaving intermediate and receded parts free to move and expand under the concentric action of the combination.

3*d*. It has no straps, buckles, or upholstery, and is consequently light, airy, and cool, and makes no appearance through the dress; and,

4*th*. Its abdominal action is of such an undulating character at the lower hypogastrium, as to elevate the lineal viscera and compel them to brace out and expand the body, just as the body braces out and expands its garments (a desideratum).

When this prop is rightly adjusted, it so diminishes actual weight upon the diseased vertebra, and braces them from within by the viscera, and from without by itself, that in many cases of spinal irritation and caries, which have lain for years under blisters, issues, caustic, and the moxa, a marked progressive improvement has commenced on its first application.

The usual and unsuccessful treatment of this condition by scoring, hewing, and burning, is based upon the *orthodox* fallacy, that the inception and development of the difficulty depends upon a primary local morbid action, and that this must be "*translated to the surface*" before a cure can be effected. Whereas, our plan regards the tenderness (and the disorganization as well) not as the disease, but as the effect of violence done to the tissues; and consequently, that to remove the hurtful pressure, and at the same time preserve to the subject the free use of himself, is the rational course to pursue.

What, then, is the difference between the two plans? One treats an effect for the cause, the other removes the cause. Of the manifold verity of this, we might recite many cases, but will select but two:

Miss P., Chicago, aged 22, gradually brought herself to the following condition by over-exertion as a teacher. She at first felt merely weakness at the epigastrium and lumbar region; gradually the spine became intensely painful, often inducing convulsions, and ultimately she was so prostrated that turning in bed caused the greatest agony. In this state she was brought to our office, and fainted from the exhaustion of sheer agony, caused by her temporary vertical position. During her half-conscious state we managed to adjust the prop; on reviving, she said, "I feel better." She was next helped to sit upon the side of the bed, and remarked, "I sit without agony." A few moments after, she walked alone, and, whilst standing, related her former sufferings to a patient similarly afflicted. Some months after this, she informed us by letter, that she had been able to return to her old vocation, and walked several blocks daily. Previous to our seeing this case, the ingenuity of several physicians had been exhausted in contriving scientific tortures, by which to remove the disorganizing effect of pressure upon susceptible spinal points.

Maggie W——, Ky., aged eight years, had for four years been under the constant endurance of the moxa and caustic, for extreme tenderness and pain in the lower dorsal spine, with considerable curvature, which latter gradually developed. On being consulted, we expressed the belief that the inflammation and pain were only the effect of pressure, and that on removing a portion of the trunkal weight from the diseased points, the sufferings would commence to diminish; and also, that her present course of treatment was exhausting her without rational hope of good At this, the doctor ordered her to be brought to us. We found the patient totally unable to stand, and at the sight of "another doctor," she screamed and endeavored to hide in the folds of her mother's dress. While adjusting the prop, she had to be held by main force, so determined was she not to encounter a fresh doctor.

Result—When the adjustment was effected, the child remarked, "Buy it; it feels good." On the same day she played considerably with a companion, and in four days after, returned home (forty miles) sitting erect in the carriage. But our anxiety for the case was not fully removed until the receipt of the following letter from Dr. Young, which is not only a practical comment upon the comparative merits of the two plans, but also does as much credit to the heart as to the head of the writer:

Elizabethtown, Ky., March 9, 1856.

Dr. E. P. Banning:

Dear Sir.—Our little patient, Maggie Wintersmith, with curvature of the spine, whom I treated with counter-irritants, the recumbent position, etc., (a treatment which amounted to cruelty,) with but slight, if any benefit, has been almost

entirely relieved within the last four weeks, by the application of your spinal prop. These appliances have acted like a charm in removing physical and mental suffering. She is free from pain, and is as cheerful as a morning lark. The success of your novel treatment in spinal distortion and disease, should entitle you to be considered a benefactor of your profession and race.

Respectfully and truly your friend,

B. R. Young, M. D.

ANGULAR CURVATURE.

Of this, Fig. 4 is a moderate representative. It may consist merely of a curve from pure debility and cachexia, or may involve all grades of disease, from simple irritation and tenderness to caries and abscess.

With respect to the causes of these deformities, we only say, that whilst a strumous diathesis may *predispose* to them (and often does), abundant experience has shown that, in a vast proportion of the cases, their *development* is traceable to some protracted or sudden violence done to the spine—such as excessive effort at play, lifting, or kicks and falls. Especially is the latter frequently true in the case of infants left in the care of faithless nurses.

Accordingly, there will be two indications of treatment, viz. — constitutional and mechanical. If there be *evidence* of constitutional vitiation, let it be attended to at once. On this head, we only remark generally, that ferruginated and iodinized tonics, with the best of living and a perfect system of hygiene, constitute our plan.

The second indication is to relieve the spine of a part of the burden which is bearing down with such unmerciful leverage upon the weak points, and to protect the tender points from the aggravating influence of friction and impingement, under jolts and twisting motions.

If there is abscess or caries, we must not at first attempt much by the straightening process, but be content to so remove the irritation of pressure as to favor a firm anchylosis. But if no caries exist, we may not only protect the tender points from pressure, but actually enter upon such extending support as is adapted to be indefinitely aggressive upon the curve. For the accomplishment of this, we have in Fig. 9 (the Spinal Prop) all that is requisite where the angle is slight and not so prominent as to impinge against the spinal lever which holds the supporting saddle against it. (See Fig. 10, showing its practical working.)

But where the angle is too prominent for that form of prop, then the Revolving Spinal Prop, Fig. 11 (represented intact in Fig. 12) meets the difficulty.

This instrument, by its hollow square, makes impingement against the spine unnecessary, and its dorsal plates, by revolving and running up and down on their supporting screw rods, not only reach the desired locality, but also secure, in every position, an even and uniform fit to every plane of the curve.

When either of these instruments are even loosely applied, their beneficial results are often surprising and immediate. Not unfrequently, paralytic limbs begin to move, and ultimately to carry the body. Their usual working, however, has been—first to give comfort, and next, to enable those who have been unable to sit, to immediately do so, and soon to walk. Of course, these results are produced by the simultaneous elevation of the viscera, support of the spinal curve, and drawing back of the shoulders; and next, by removing pressure from the vertebral bodies, and stress from the spinous ligaments and dorsal muscles.

The results of this treatment have usually

Fig. 11.

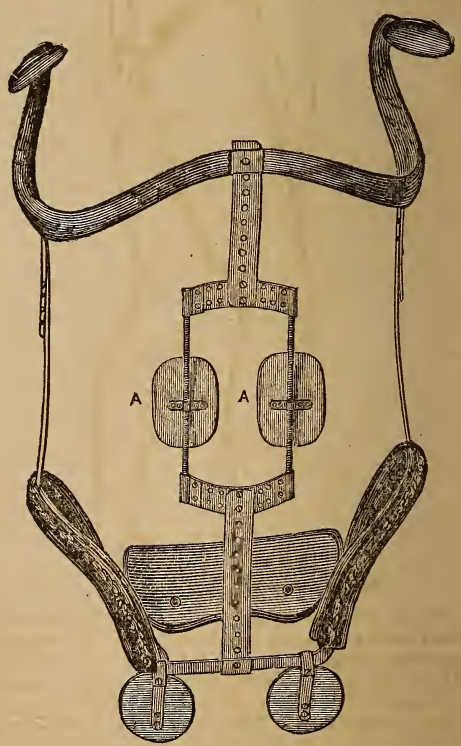


Fig. 11. Revolving Spinal Prop.—Differing from Fig, 8 only in the form of its spinal lever, which accommodates the angle. *A. A.* Plates which revolve on screw posts, so as to fit the planes of the curve on either side, and secure an equal flat support. These plates are curved to the form, and may be run up and down on the screw-posts, to suit the height of the curve; they are a positive protection against bruising or irritating the prominent parts.

been as follows: First, if the patient were a child of fair constitutional powers, and taken in time, a radical cure has been effected. But if the subject were an adult, and actual caries established, an anchylosis has been effected, but the curvature not wholly removed.

Fig. 12.

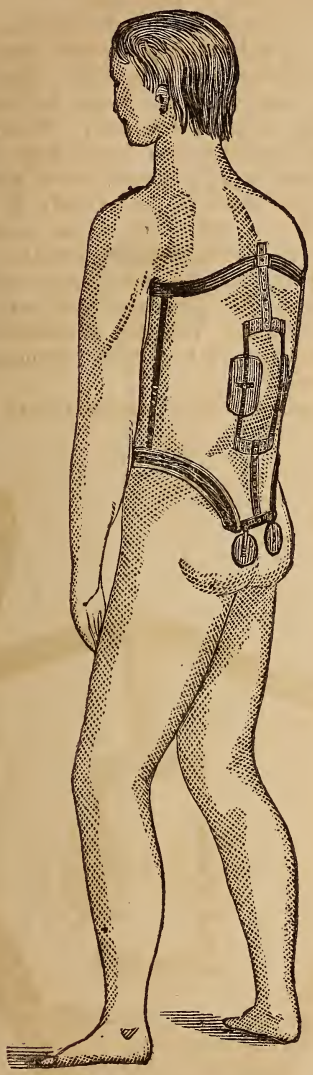


Fig. 12. The Revolving Spinal Prop. Immediately strengthening the whole person, and arresting caries and curvature. First, by upward support, which converts the abdominal viscera into an internal brace. Second, by its crutch-like action, which holds the body's weight from the spinal curve. Third, by a strong drawing back of the shoulders by the caps on the shoulder-bow in front of the heads of the humeri. And Fourth, by the strong bracing and pushing forward action of the revolving dorsal plates on the vertical screw rods upon the curvature. By a revolving action, these plates are self-adjustable to any slope of the spinal angle at either side, with no necessity for any impingement upon the spinous protuberance. As the case improves, the vertical support may be successfully increased by means of slides and screws in the side-posts.

Case 1. Mrs. Springstead, of Rochester, was for one year the subject of a posterior curvature, which not only enfeebled her legs, but also instituted every conceivable nervous derangement on the whole system. Opium had no power to quiet the spasms or to produce sleep, and during the six months previous to our taking charge of her, she had not been able to move so much as one toe, and much less either limb. From the commencement, the case was plied with an abundance of strychnia and counter-irritants, until pronounced to be softening of the brain and spinal marrow.

In this condition, as a last resort we applied the spinal prop, in the bare hope that the paralysis was the result of the pressure upon the roots of the motor nerves.

Result. Same evening, patient looked and said she felt better; following day, motion was restored to one toe. In a week more, she stood up by holding on to something. In two months, she walked considerably, and in the third month, she attended to her household affairs. No other remedy was applied.

Case 2. Miss T., Galesburg, Illinois, had been mainly recumbent for one year, any attempt at standing or sitting producing alarming cerebral symptoms, with great prostration, pain in spine, and a tremulous condition of the entire body. During this time, she had not been neglected by the best medical aid in the country. On examination, there was perceptible but the slightest protuberance and tenderness at one or two of the lower dorsal vertebræ. For this patient we applied the prop, and ordered nothing else to be done.

Result. She immediately spoke of a "strange feeling of composure—as if some over-hanging trouble had passed." Before night, was dressed and sat up; and at tea time, to alarm the family, she walked out to tea; returned very tired, but "slept, and awoke refreshed." On the following day, walked in the yard, and soon after rode out. At the termination of three months, we met her over one thousand miles from home, comparatively well.

And now, as these two cases fairly represent several hundreds, upon all of which caustics, issues, and confinement to bed had been but too persistently tried, what room is there for comment as to the comparative merits of the two methods?

LATERAL CURVATURE.

This affection may be single or double, and is specially common to females. Fortunately, it is seldom complicated with either caries or spinal irritation. It is usually the result of an early habit of standing on one foot, and sitting upon the hip of the same side. Such a habit, where the person is tall and slight, can scarcely fail to result in these irregularities. Another common cause is, attempting to rise with the body unsupported, after a long and protracted illness. In such a case, the muscular "shrouds and back-stays" are inadequate to "trim mast," and the body "saddle-bags" across the spine, as in Figs. 5 and 14, pages 264 and 272. In such a case, if the subject but for one moment stands upon the left foot, and balances over it, there com-

Fig. 13.

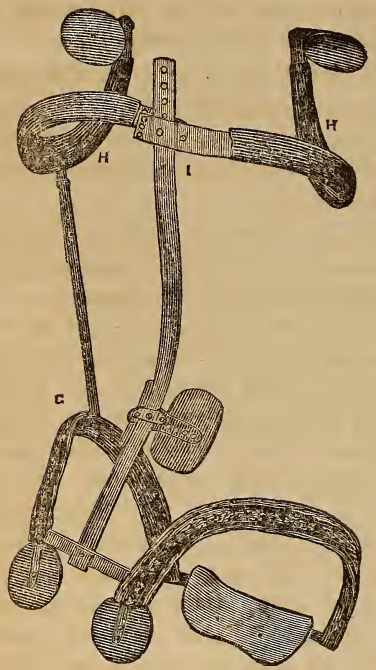


Fig. 13. The Centripetal Spinal Lever, for Double Spinal Curvature. *A*, *A*, the pelvic portion of the abdominal and spinal shoulder-brace, supporting the abdomen, and acting as a firm point from which the superior portions of the instrument can operate. *G*, the side-post which supports the shoulder-bow, and furnishes the lateral power for correcting the obliquity; the sharp-set in side-post, *G*, close by pelvic portion, furnishes the correcting force of *H*, *H*; the power being always in the ratio of that set, and is to be increased or diminished to suit the requisitions. *H*, *H*, shoulder-bow supported by side-post, *G*. Its left branch elevates the depressed left shoulder, and draws the weight of the scapula from the receding spine under it.

The right branch of the bow passes around the right shoulder, and presses and draws it to the left, by virtue of side-post, *G*.

I, hinge-joint, by which the bearings of the right and left branches of the bow can be changed to suit the planes of the irregular surfaces. *K*, lever supporting the dorsal saddle; the action of this is, to support the lumbar curve and push it forward, and is so twisted as to press only on that convexity and crowd it to the right.

The general action is, to reverse the body's weight to the left foot, and so to deprive gravity of its depressing force.

Fig. 14.

Fig. 14. Centripetal Spinal Lever, accomplishing nothing, its lever powers not being brought into activity, by being brought around the shoulders. (See explanation of Fig. 13.)

mences an improvement, indicating that we have only to reverse the force of gravity at each point of the curvature, to compel the body's own weight to press it toward its axial line, and to level its basal and upper corners. This indication is filled by the

CENTRIPETAL SPINAL LEVER,

it being a spring power, and the exact converse of the curvature at each point.

FIG. 15.

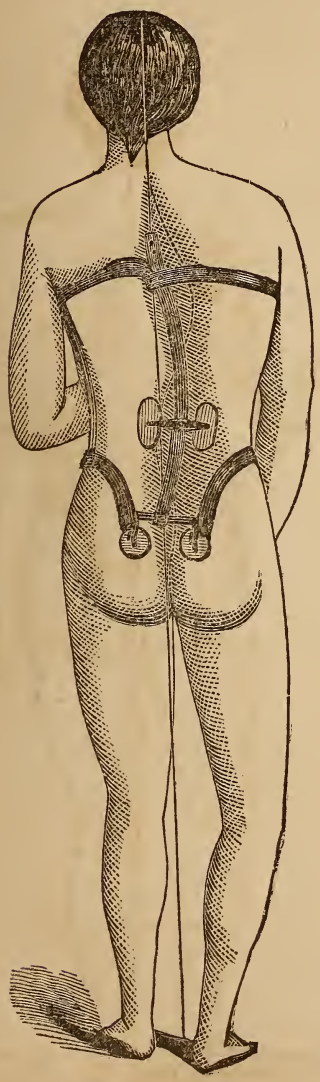


FIG. 15. CENTRIPETAL SPINAL LEVER IN FULL ACTIVITY, elevating and drawing out the left shoulder; drawing in the right shoulder; supporting the lumbar curve to the right, and aggressively restoring the body to its axis, and so crushing out the curvature by means of the very gravity which caused it. (See explanation, Fig. 13.)

When its pelvic portion only is fastened, its upper portion leans away from the superior trunk, (see Figs. 13 and 14); but when its upper portion is forced around the shoulders, the result is, that the right elevated innominatum is crowded downward, the left depressed shoulder raised, the lumbar curve crowded to the right, and the superior dorsal curve to the left. Its whole action is a fulcrum and lever one, and at cross purposes with the deformity, at its every point.

Whilst all this is going on, the instrument passes all depressions and concavities untouched, and so serves to improve the symmetry at such points by filling them out and supporting the garments.

But the crowning excellence furnished by this lever is, that after it has passed all concavities untouched, and pressed upon all convexities with a proper force, and in the right direction, its action is persistently aggressive at every salient point; and, that through its cross purposes on the curve, it provokes the patient to lean in the direction of the brace for respite from its perpetual stress. This not only reverses the force of weight at each point of curvature, but shifts the weight to the left foot, and brings the opposite and hitherto useless set of muscles into activity. In all this, then we do nothing which we ought not to do, nor leave undone that which we ought to do, and so restore the normal relations between gravity and muscularity, as to institute a new order of things in the interest of that plan which was divinely ordained. (See Fig. 15, showing the lever in full activity)

Of successful cases we might cite several hundred, but select two, which are just representatives of the whole:

Case 1.—Miss W., New York, aged 15, after a prostrating attack of typhoid fever, from which she recovered slowly, found her gait becoming unequal and vascillating, and soon noticed the right shoulder quite elevated and seemingly enlarged, and the left hip correspondingly prominent. On being sent to me by her physician, there was a very considerable double lateral curvature of the spine. Dropping a plumb line from the head, it fell upon the right heel, and showed a long and

obtuse dorsal curve to the right, and a shorter and sharper lumbar curve to the left. Consequently, she habitually rested the body chiefly upon the right foot in standing, and on the hip of same side in sitting. On manipulating the body, and shifting its weight to the (left) foot, the curves sensibly diminished. To this patient the centripetal spinal lever was applied, which caused the body to rest more upon the left foot. The improvement was immediate. 1st. The inequalities were about concealed. 2d. The dull aching in spine and shoulder was relieved, and the spirits and general health soon became greatly improved. As the young lady could bear it, the lateral action of the lever was increased, and within the space of five months, the form and strength became so entirely changed as to render the lever no longer necessary, and she is now an elegant and graceful young lady.

Case 2. ————, aged 13, was sent to me by her physician, with a very decided double lateral curvature. She had developed rapidly, and menstruated at between the ages of 10 and 11. She complained of lassitude, and labored under constant melancholy. Her appetite was very defective, and a steady decline was manifest. As this was a clear case of muscular prostration and deformity, through the one-sided action of the body's gravity, and as every tonic and alterative treatment had already been pertinaciously tried, I applied only the centripetal lever, according to the above plan, and gradually increased its vertical and lateral power.

Result.—The improvement in every respect was remarkable. By the expiration of the fifth month of this treatment, her appetite, spirits, and general health were completely renovated; her weight sensibly increased, and, at the expiration of the sixth month, scarcely was any curvature perceptible.

The rationale of this result is simply this: 1st. The support of the abdominal viscera upward, according to order, stimulated the prima-via to their normal activities, with all the benefits of so vital a function. 2d. The combined lateral and vertical action of the whole instrument so equipoised the body as to remove undue pressure and stress upon the osseous, cartilaginous, ligamentous, and muscular tissues on one side, and so restored the proper amount of pressure and stress upon the opposite side, as by rest on the one hand, and excitation on the other, to evoke a due equilibrium with corresponding energy.

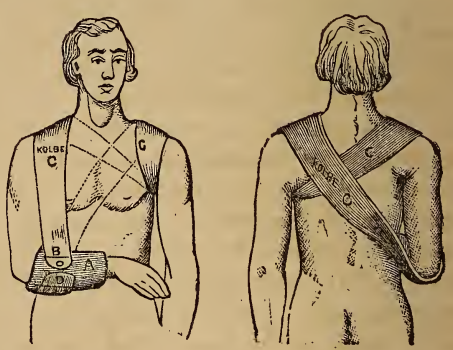
Conclusion of the Series.

APPARATUS FOR THE TREATMENT OF FRACTURE OF THE CLAVICLE.

By J. M. Boisnot, M. D.,
Of Philadelphia.

The following article appeared in the Medical and Surgical Reporter of July 4th, 1868, but an error occurred by which the front view of the apparatus as applied was omitted, and the same view of the apparatus devised by Dr. Levis substituted. Apology is hereby offered to the readers of this journal for the circumstance which has made this repetition necessary, and to my friend, Dr. R. J. Levis, for my having improperly represented the apparatus so long and favorably known as his.

In adding one more to the already large number of apparatuses for the treatment of fractures of the clavicle, my desire has been *to simplify, render the patient comfortable, and endeavor to meet the requirements for producing favorable results.*



The conical shape of the forearm, with the apex at its most dependent part, admirably adapts it for an attachment from which traction can be made in an upward and backward direction. A leather socket fitting and laced around the forearm is the simplest application which can be made for this purpose, while its corresponding shape is a support; the latter feature can be more fully developed by having a portion continued beneath the ulnar border of the hand. The long band of webbing attached to this leather socket or case, upon its front part and near the elbow, being carried upward to, and over the injured shoulder at the point of fracture, elevates the shoulder, and prevents displace-

ment of the fractured ends of the clavicle when once coaptated; having at its initial end a buckle with swivel attachment, the arm may be placed in any suitable position, and the forearm carried across the breast in any direction called for by the peculiarity of the fracture. No pad in the axilla is required. A strip of adhesive plaster should, and graduated compresses may, be applied over the seat of fracture; the latter near to or distant from the shoulder as may best tend toward keeping the band in its correct position; this, as well as the distance which the arm should be carried from, towards, or across the chest, every surgeon will determine for himself. The course of this band from the injured shoulder, is across the back to the opposite axilla, then by a turn around this shoulder and again across the back to the second buckle at the elbow; the terminal end is then carried forward and beneath the forearm, to the turn around the shoulder (not shown in the cut); after forming a loop by passing through this turn, it can be pinned or sewed; a sling is thus formed and the apparatus and parts contained kept comfortably firm.

As it is applicable to either side of the body, it is merely necessary in sending for it, to state the age and sex of the patient.* The simplicity of this apparatus is evident, when compared with that of DESSAULT, or its modification by FOX; requiring for its impromptu preparation, only a coat sleeve and a strip of muslin shaped to the forearm and fastened together by needle and thread, I think it can be made anywhere, and by any one undertaking the treatment of a case of fractured clavicle.

A further use of this apparatus consists in its application to cases after resection of the shoulder, and as a support after reduction of its dislocations. The small amount of dressing constituting the apparatus, and the manner in which it supports and retains the parts in the position natural to them when uninjured, contribute alike to the comfort of the patient and the attainment of favorable results.

1308 *N. Sixth St., Philadelphia.*

* Mr. D. W. Kolbe, 15 S. Ninth St., Philadelphia, and Messrs. Tieman & Co., New York, are prepared to furnish the above apparatus.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, *Philad., June 3d*, 1868.

SURGICAL CLINIC OF S. W. GROSS, M. D

Reported by Dr. Napheys.

Lithotomy, Performed May 13th and 26th.

Henry M., æt. 8. This boy was operated on for stone in the bladder three weeks ago to-day, by Professor GROSS, when a phosphatic calculus weighing upward of two drachms, was removed. (*Vide No.* for June 15th, page 509.) At the expiration of twenty hours, the urine began to pass by the urethra, and continued to flow by this channel for about the same time, when it passed entirely by the wound. At the expiration of a week, the granulating process had sufficiently advanced to permit the urine to resume the natural channel. The boy has not had a solitary bad symptom. With the exception of a dose of oil, administered on the fourth day, he has taken no drugs whatever. At the present date, the wound has closed throughout its entire extent.

Wm. H., æt. 10 years. Dr. S. W. GROSS removed, by lateral lithotomy, an uric acid calculus of two drachm's weight, from this lad, one week ago to-day. (*Vide* No. for Sept. 12th.) The urine began to pass by the natural channel at the expiration of about twenty-six hours, and continued to do so for one day. At present it flows almost entirely by the wound. A dose of oil was administered on the morning of the fourth day. His diet has been plain, but nutritious, and he is, to all appearances, rapidly recovering. The constant burning pain, of which he complained, at the prepuce and head of the penis, and which caused him to be constantly pulling at these parts, has not troubled him since the stone was extracted.

Morbus Coxarius.

Case 1. John P., æt. 5. In the erect posture, the left knee of this boy is seen to be in advance of the other; the leg is slightly flexed upon the thigh, and the thigh upon the pelvis. During progression there is decided lameness, as evinced by dragging or shuffling of the right leg. He bears his entire weight upon the sound limb. The foot of the affected side rests upon the floor considerably in advance of its fellow; it is everted, and the limb is abducted, apparently elongated, and somewhat wasted. The corresponding nates is flattened and widened; the depression at

the back of the trochanter is almost effaced; the gluteo-femoral crease does not correspond with that of the opposite side, being prolonged down upon the thigh, or not running at a right angle with the internatal fold, the latter of which inclines toward the affected side. There is slight spinal curvature, the convexity of which corresponds with the diseased side.

On placing the boy in the recumbent posture, it was observed that there was a very decided arching of the lower portion of the spinal column, in consequence of which the posterior surface of the body did not come in contact with the table. On measuring accurately the two limbs from the anterior superior spine of the ilium to the inner condyle of the femur, it was shown that there was really no difference in their length, and that this symptom was, consequently, only apparent. This posture Dr. Gross believes to find its true explanation in the position of the pelvis, which is seen not only to be thrown forward on the affected side, but tilted downward; and this downward and forward twist of the pelvis is due to the abduction of the limb through muscular contraction, which causes the body to be inclined toward the affected side, when the foot is brought in contact with the floor.

The different motions of the joint are all impeded and extremely painful. On striking the heel or flexed knee with the palm of the hand, the head of the thigh bone is forced against the acetabulum, with the effect of producing great suffering, as evinced by the patient's wincing, and the expression of his countenance. Pain is also awakened by tapping upon the great trochanter, and pressure with the thumb over the front of the joint below Poupart's ligament, and behind the trochanter major are also productive of suffering. In addition to this local trouble, the boy has been complaining, for several weeks, of pain which is referred rather to the interior of the knee than to either side. His rest is disturbed at night by spasmodic starting of the limb, which causes him to scream out every half hour. The boy is fat, but his limb is somewhat wasted: he has coarse brown hair, and his eyes are of a hazel hue; but there is no history of inherited scrofula or struma, nor does the mother remember that he ever received an injury.

The pain about the hip-joint; the reflected pain at the knee; the sudden, sharp, spasmodic pain when asleep, and the lameness, all point to hip-joint disease; while the apparent elongation, the abduction, and the outward rotation of the limb, along with flexion at the knee and hip, and the appearances of the gluteal region, are all characteristic of the disease advanced far into the second stage, or a stage in which it is inferred that the capsule of the joint is distended by purulent fluid. And yet the predominant symptom of inflammation of joints, that is, increased heat, is wanting, and fluctuation cannot be detected, either in front of or behind the situation of the articulation.

Case 2. Samuel T., æt. 9, a patient at the Philadelphia Orthopædic Hospital, under Dr. Gross's care. This lad was attacked six months ago with acute rheumatism of all the joints below the pelvis, but particularly the knees, which confined him to his bed for four months. His attending physician discovered the trouble about his hip toward the latter portion of his illness, and did all in the way of treatment that could be done under the circumstances. His father died of phthisis pulmonalis. He has light-brown hair, fair, transparent, and delicate skin, gray eyes and long lashes, is peevish and much emaciated.

The appearances presented by this lad are directly the reverse of those seen in the former case. During progression, which is performed on crutches, he bears his entire weight upon his right limb, the left foot is seen to be raised from the floor, and on being stripped, the following points are well marked, and simulate dislocation of the head of the thigh bone on the dorsum of the ilium. The left knee and hip are strongly flexed; the thigh is firmly adducted, and rotated inward, so that the knee rests above, and is in advance of the sound one. The foot is inverted, and elevated in such a way, that the ball rests upon the opposite instep, the point of the great toe lying just behind the fourth metatarso-phalangeal articulation, while the heel is supported by the internal malleolus. The apparent shortening is two inches and a half; while, by actual measurement, the real shortening—for there is true shortening here—is about one inch. The limb is decidedly wasted, while its fellow is better nourished and abducted. The corresponding side of the pelvis is elevated, and the lumbar portion of the spine is markedly curved laterally, its convexity being toward the right side, as well as curved anteriorly. The buttock is shortened, more full than normal, and pointedly prominent at its external and upper portions. The gluteo-femoral fold is drawn upward, and the internatal crease is inclined toward the sound side. In the recumbent posture, the lad rests upon his shoulders, buttocks, and heels, and there is a high arch in

the lumbar and lower dorsal regions. The limb is firmly fixed in its abnormal position by the rigidly contracted flexors and adductors of the thigh. It can neither be abducted nor rotated outward, and efforts in these directions are productive of much pain. Pressure over the joint and striking the knee and the trochanter, awakens suffering, as in the former case, but not to so intense a degree. There is also pain referred to the knee, and the spasmodic nocturnal pains are exceedingly troublesome. There is no fluctuation nor heat about the joint, nor have abscesses ever opened.

All these symptoms are characteristic of far advanced hip-disease in its third stage, without there having been as yet any external evidence of suppuration. And what makes the case the more interesting, is the fact, that it is the first that has been seen by Dr. Gross, in which there was unequivocal evidence of there being spontaneous dislocation of the head of the bone on the ilium. When the disease has progressed as far as this, the shortening, is, as a rule, only apparent, since accurate measurement from the anterior superior spine of the ilium to the inner condyle, shows this to be unreal. But in this instance, accurate comparison reduced the shortening only one inch and a half, leaving, therefore, one inch to be accounted for, as will be pointed out below.

Morbus coxarius is essentially a strumous affection, analogous to white-swelling of the knee, commencing either in the synovial membrane, or in the acetabulum, or in the cancellous structure of the head of the femur. Whether it ever originates in the articular cartilage, is still a mooted question, but there is every reason to believe that the osseous and synovial structures are primarily affected, and that the cartilage becomes only secondarily involved. It has beome quite the fashion, of late years, to deny the tubercular origin of the disease, or rather, to deny that it occurs almost invariably in scrofulous subjects, and attribute its origin, in the great majority of instances, solely to traumatic causes. But strumous inflammation does not imply the existence of tubercular deposits. Scrofulous inflammation of bone, for example, shows itself in two distinct forms—first, as a deposit of tubercle; and, secondly, as a low form of inflammation. The latter is most common, and differs anatomically only from ordinary osteitis in that the cancelli of the bone are dilated, and are filled, along with the lacumæ and canaliculi with a red gelatinous exudation, or mass of granulations. This exudation and enlargement of the cancelli constituted the features which distinguish scrofulous from ordinary osteitis, and yet there is no deposit of tubercle. So, too, in strumous synovitis, that membrane is covered by a gelatinous mass of granulations, which never becomes more highly developed; and this anatomio-pathological feature distinguishes synovitis occurring in scrofulous persons from synovitis set up in healthy subjects. Finding these pathological elements present in cases of hip disease, the affection must recognize a strumous origin. A blow, a fall, or a sprain will not excite this form of inflammation in a perfectly healthy child, but it will develope it in a scrofulous child. Scrofula implies that the tissues are badly nourished, that the blood is somewhat impoverished, that the constitution is feeble, that there is little formative power, and not, of necessity, the deposit of tubercle.

Searching for the causation of the disease in these patients, it was found that in the case of John P., there was no history of inherited scrofula, nor could the affection be traced to injury. But he is a good type of the strumous diathesis. The head is large; the hair coarse and dark; the intellect sluggish; the skin is harsh and thick; the belly tumid; he is quite fat, but the muscles are soft and flabby. Here then the disease is apparently of spontaneous origin, but the subject of it presents unequivocal signs of the strumous diathesis. In the case of Samuel T., on the other hand, the diathesis is transmitted from his father, who died of pulmonary consumption, and he presents another form of the strumous diathesis, which is characterized by fine connective tissues. His features are delicate and finely cut. The hair is soft and of a light brown color; the irides are gray; the lashes are long and silken; the subcutaneous veins are very perceptible beneath the fair and thin skin; and his mind is active. In this case, as in the first, no history of injury can be traced, upon the most careful inquiry, but the disease is set up in a lad of tubercular habit. Whether the rheumatic complication had any influence upon the causation of the affection is doubtful, since strumous affections of joints can rarely be traced to rheumatic trouble. It may rather, therefore, be regarded as an intercurrent malady.

Both of these cases present several features in common, which may be considered pathognomic. Pain and muscular contraction are the most prominent of these, and they may be discussed together, since the former induces the latter, which latter reacts in such a manner as to intensify the suffering. Reference is not here made to the dull, boring or aching pain in the

joint itself, which is due to structural changes, but to the so-called sympathetic pain at the knee, and to the reflex, starting, spasmodic pains which occur during sleep. In the early stages of the disease, more particularly, pain at the knee is nearly always present, and the fact is commonly overlooked that it may occur at other points than at the inner side. The hip-joint and the capsular ligament, it should be borne in mind, receive filaments from three distinct sets of nerves. To the round ligament passes a filament from the obturator nerve, which sends a branch to the inner side of the knee as well as to its interior. Inflammation of this ligament, or rather of the synovial membrane covering it, involving this filament, a sensation of pain will be experienced either within or at the inner side of the knee. Should, however, the anterior portion of the capsule be affected, the pain will be rather referred to the outer side of the knee, as branches are distributed to this region from the anterior crural nerve, which sends articular branches to that portion of the capsule. The posterior surface of the capsule is supplied with branches by the great sciatic trunk, which extends branches not only to the posterior aspect of the knee, but to the ankle, and indeed all along the posterior face of the limb; so that sympathetic pain may be experienced at any of the points supplied by that nerve, when the inflammation is seated at the back part of the joint. Dr. Gross has now under his charge a lad ten years of age, suffering from hip-disease, in its second stage, who experiences pain along the crest of the ilium, just posterior to the anterior superior spine. This anomalous pain he refers to the close proximity of the superior gluteal nerve to the joint, (if it does not even send filaments to it) the terminal branches of which are distributed to the gluteus medius muscle, and the integument covering it, at the point referred to. An appreciation of these anatomical facts will serve to explain these anomalous pains, and render great aid in the diagnosis of individual cases, as well as prevent those curious mistakes, which so often occur, of medicating parts which are not involved in disease. In the first of these cases blisters had been applied to the knee, under the mistaken notion that that joint was affected.

Far different from the suffering just explained, is that experienced by the patient during sleep, causing him to start and scream out frequently during the night. If he be watched during these paroxysms, the muscles of the affected limb will be seen to be spasmodically contracted. For a proper understanding of this phenomenon, it should be borne in mind that the articular surfaces are endowed with sensibility by the same nervous trunks which furnish motor filaments to the muscles moving the joint. The nerves of sensation being involved in the morbid action, transmit the impression to the spinal cord, from whence it is reflected to the muscles acting upon the articulation, and the result is that they contract and force the head of the bone against the acetabulum, through which the inflammation is farther increased. This is a most important point to be recognized, as it furnishes a hint, not easily overlooked, as to the proper management of the case. These pains are entirely involuntary and come on only during sleep, when the brain has lost its controlling action. They are most severe when the bone is inflamed just beneath the articular lamella, and set in much earlier when the bone is primarily involved than when the synovial membrane is primarily affected, thus affording a key to the diagnosis of which of these structures is earliest inflamed. The more severe and frequent these pains become, the more the limb wastes, and the muscles, from being the seat of clonic spasms, become finally rigidly contracted and structurally altered. If the injurious compression exerted upon the articular surfaces by this muscular action be not controlled, the morbid action will go on increasing until all the joint structures become involved and destroyed. In the first case the influence of the reflex action of the muscles is witnessed in the abduction and flexion of the limb, while in the second, the adductors and flexors are tensely contracted; and in both cases the muscular contraction can only be regarded as an effort on the part of nature to fix and keep the joint in a quiet condition.

But this attempt to keep the opposed articular surfaces at rest is attended with the worst results, since they are forcibly pressed together, thereby increasing the mischief. This is well seen in the case of Samuel T., whose affected thigh is firmly flexed and adducted, and at the same time greatly shortened, its axis being at an acute angle with the transverse axis of the pelvis. In consequence of the muscles forcibly drawing and pressing the head of the femur in this direction against the upper and posterior lip of the acetabulum, these bones have gradually disappeared by ulcerative absorption, permitting the small remaining head of the femur to slip up on the dorsum of the ilium, so that by accurate measurement there is about one inch of positive

shortening. The starting pains in this boy are excessively troublesome, and unless the reflex action of the muscles be counteracted, there is danger of the entire head of the bone, if not of the neck, disappearing. As it is, there is spontaneous dislocation, as shown by the amount of shortening; the pointed appearance of the hip, and the trochanter major, the summit of which lies above its natural level.

According to Dr. Gross's experience morbus coxarius occurs most frequently in male children, and attacks the left side in preference to the right in the proportion of five to one.

In the case of John P., chloroform was administered, and the actual cautery was applied behind the great trochanter. This was done not only for its counter-irritant effect, but to control the starting pains, and endeavor to procure the absorption of the effusion within the joint. The application of the hot iron has been much abused, and even now gives rise to acrimonious discussion on the part of writers, by some of whom it is condemned *in toto*. But a pretty extensive experience has convinced Dr. Gross of its great utility in the early stages of joint affections, when the patients are in otherwise good condition. It should not be employed in enfeebled subjects, nor should the discharge be permitted to wear out the patient's strength. It is, as a rule, best to permit the resulting sore to cicatrize at once. To prevent the starting pains, and keep the joint as quiet as possible, strict recumbency will be enforced. A splint will be adapted, which will encircle the pelvis and extend nearly to the knee, an opening being left behind to permit the free escape of the discharge which will result from the application of the cautery. In addition to this, the limb will be kept extended by weights, acting over a pulley, and attached to the limb by means of adhesive strips, and the foot of the bed will be raised four or five inches in order that counter extension may be made by the body. In this way the joint will not only be maintained in a quiet and fixed state, but the spasmodic action of the muscles at night will be controlled. Extension and counter-irritation suffice to counteract the startings of the muscles, so that opiates will be unnecessary for this purpose. Opiates, indeed, have little power to control reflex muscular action. They are almost useless, and, as they derange the patient's stomach, thereby interfering with his proper nutrition, they should be dispensed with. As the boy's general condition is good, general medication will be avoided. His diet will be plain, but nutritious; the entire body will be sponged daily with water at such a temperature as may be most agreeable to his feelings, and a mild aperient will be given when deemed necessary. Rest of the joint, absolute rest, continued as long as there is the slightest tenderness about the articulation cures these cases. Just so long as there is any evidence of inflammation, just so long must motion be prohibited.

In the case of Samuel T., Dr. Gross has endeavored to relieve the deformity and overcome the troublesome starting of the muscles by extension and counter-extension, by means of weights, continued for four weeks. But no impression appears to have been made on the disease. The shortening is just as great and the muscles are as firmly and rigidly contracted as before. The boy was, therefore, placed under the influence of chloroform, when it was observed that the contraction was not overcome, and subcutaneous section of the tensor vaginæ femoris, the sartorious, the adductor, and pectineus muscles, was practised. Under forcible manual extension the limb could now be brought down nearly to the length of its fellow, and abduction and rotation outwards were easily performed. Grating of the joint surfaces showed that the bones were denuded of cartilage. When the small punctures made by the tenotome have closed, extension and counter-extension, with fixation of the joint, will be made as in the former case. In this way it is hoped that muscular contraction will be effectually controlled, through which compression of the eroded articular surfaces will be avoided. In cases like this, myotomy is not only justifiable, but imperatively demanded, and the very best results may be expected from it. The relief from pain is instantaneous, and freedom from suffering may be confidently predicted if the extension be properly kept up. Unless this be done, the operation will have been useless, as it alone can only afford transient relief.

On account of his emaciated and enfeebled condition, the boy was ordered fifteen drops of the tincture of the chloride of iron, seven drops of the tincture of nux vomica, and one grain of quinine, three times a day, a nutritious diet, and a dessert spoonful of cod-liver oil, containing in solution five grains of bromide of potassium, night and morning. A moderate amount of milk punch will be allowed, and the secretions will be attended to.

— The new law in Ohio, compelling all physicians to suspend practice who have never received regular diplomas, goes into effect October 1st.

Editorial Department.

Periscope.

The Natural History of Disease.

Dr. McElroy, of Ohio, contributes the following to the *Western Journal of Medicine:*

30th July, 1868. Wm. B., æt. 14; has been sick for several days; has constant headache, complete loss of appetite, tongue covered with dark fur, eye much injected with blood, and dull. Pulse beat little more frequent than natural; breathing but little, if at all, more frequent than natural; skin dry and warm, temperature 104°. Usually enjoys good health; was in swimming Monday of this, as well as Friday of last week, but says he did not stay in long either time; did not dive any either time; bowels had not moved for twenty-four hours.

Diagnosis—somewhat uncertain; possibly typhoid fever. *Prescription*—to have a good bath all over in the evening; to have three teaspoonfuls Epsom salts in a pint of water, to be drank within three hours; to have milk to drink *ad libitum*. No solid food.

31st July. Bowels have moved very freely, so much so that the mother is quite uneasy; had a very bad night, talked almost incessantly between intervals of getting up; head still aches, eyes suffused, tongue presents a fiery red line around edge and at tip, with enlarged glands shining through the thick coat near red edge; pulse nearly natural; temperature 104°; very restless.

To have tepid bath morning and evening, milk iced, or in any other way, all he can consume; no solid food; asks for crackers, but is refused.

Aug. 1st. Talked a good deal during the night, but slept some; headache still continues, has never ceased; complains of great soreness across præcordial region, almost entirely around the spine, on each side; breathing very short, cannot get a full breath; eyes still dull; soreness across præcordia prevents him moving; skin dry, but not very hot; pulse nearly natural; had a spontaneous movement of bowels yesterday evening, and again this morning, do not smell very offensive; passes water freely; could not find out anything in regard to it further than it is considerable in quantity; temperature 103½°.

To have a hot water poultice around præcordia; soup, milk, and some of the flesh of the mutton, morning and evening both, but no solid food or medicine.

Aug. 2d. Patient brighter this morning; slept more last night, but talked some, though less than any previous night; headache gone entirely; soreness and pain across præcordia also gone; full breathing; pulse slower than natural in the erect position, but about natural for the supine; tongue still red at tip, but no cleaning off yet; water passes freely, is dark colored; no sordes on teeth; did not like the mutton, but drank some milk and had a piece of bread; asks for cucumbers in vinegar; bowels have not moved since last report; wants to take a walk to-day.

To have the vinegar and water without the cucumbers; more mutton and milk with bread, if he desires it; no tea or coffee; thinks he would like some green apples; no medicine.

Aug. 3d. Patient still better; tongue rapidly cleaning up; no pain, eyes clearing up, pulse and breathing natural; temperature 98°. No movement of bowels yet, but passes water freely. Thinks he must go out for a walk to-day, and should like some blackberries, and thinks it would be nice to go blackberrying. Wants to sit up to-day, and thinks he is well.

To have milk and mutton, and bread and butter to-day. If bowels do not move, to have teaspoonful salts in tumbler of water to-morrow morning. Patient considered as convalescent, and recommending mother to keep him in the house for a day or two, dismissed myself from further service until recalled.

The features of this case, for which it is reported, is the treatment of a somewhat formidable looking case in the beginning, without medicine, except the single dose of saline cathartic. Looking at it through bilious pathology, there was a fine chance for a good dose of calomel, and if it had been given and followed by a senna draught or castor oil, would have shown a very satisfactory amount of bile in the dejection. Then, again, Dover's powders would have, perhaps, done good; and there were respectable indications for quinine. But none of these were given, and the case convalesced in four days. Would it have terminated any better or sooner with more active interference with medicine?

The report of this case and the comments upon it are by no means to be taken as indicating any want of faith in the power of medicine or the value, to patients and friends, of professional services. On the contrary, I am vain enough to think my services were of the highest possible importance in the case, not only in withholding unnecessary medicine myself, but preventing its exhibition by others, when not needed. I simply

saw no urgent necessity for medicine, and consequently gave none.

Had medicine been given, and the case convalesced in a week or ten days, the recovery would have been noticeably prompt, and the medicine and my skill received credit for that, which the event proved neither deserved.

Sun-Stroke.

Dr. J. C. Peters (in the *Medical Gazette*) says: "This disorder is call heat-apoplexy, and is supposed, by some, to be allied to simple apoplexy, or that variety which sometimes proves fatal without leaving any traces of congestion, effusion or extravasation behind; by others it is compared to alcohol-apoplexy.

"There are two theories of the disease: 1st, that it arises from liquefaction and expansion of the blood; 2d, from a depressed condition of the cerebro-spiral and sympathetic nervous systems. The mortality is very great, at least 40 to 50 per cent., because this disease attacks by preference those who are already sick or debilitated, or accustomed to indulge too freely in spirituous drinks. Is has been noticed that those attacked have often been affected for a few days previously with suppression of perspiration and irritability of the bladder; their nights have been sleepless, and attacks of vertigo, and a sense of weariness have been complained of. Then the patient becomes listless and stupid, merely says that his head feels queer, and may be dead in twelve hours more. But the attacks generally commence with faintness and great prostration, thirst, great heat and dryness of the skin, and tightness across the chest, while the pulse is so slow and feeble that it can scarcely be felt. Then follow symptoms of stupor and insensibility, with loss of speech. When the patient becomes comatose the skin is found very hot, the pupils contracted, the conjunctiva congested, the pulse hard, full, and rapid, and the breathing difficult. In some cases tetanic convulsions occur. Just before death the pupils dilate, and the action of the heart becomes feeble and intermitting.

"In some cases the common treatment with cold to the scalp and the frequent adminstration of stimulants is allowable; in others it is very injurious. When there is a combination of alcohol- and heat-apoplexy, of course spirits must be avoided, or else given in spts. mindereri, although hartshorn and ginger, or some hot drops may be required. When there is congestion to the head, with great heat of skin and a full hard pulse, cold may be applied by pouring a continuous stream of water over the head and chest, and cooling tonics and astringents, like dilute *phosphoric acid*, should be freely given.

"When there is utter exhaustion, and the pulse very weak and the skin cold, ammonia and brandy should be frequently given in doses proportioned to the depression, and persevered with to the last.

"When recovery takes place, convalescence may be retarded by congestion of the kidneys, which occurs in very many cases; or by dilatation of the vessels of the brain from a debilitated or subparalytic state of their walls; by partial paralysis and great prostration of strength; by severe headache or vertigo; by confusion and dulness of mind, while symptoms of paralysis or of insanity may set in months after an apparent cure. To obviate the major part of these troublesome and threatening effects, the free use of dilute *phosphoric acid* is almost indispensable."

The Hot Springs of Arkansas.

Dr. P. H. Ellsworth, in the *Jour. of Mat. Med.* gives a number of different analyses made under the guidance of Dr. David Dale Owen, State Geologist.

In drawing conclusions from these analyses, he adds, "I would give as the constituents of these waters, omitting however, the proportions, silicates with bases, bicarbonate of lime, bicarbonate of magnesia, alumina, with oxide of iron, carbonate of soda, carbonate of potash, sulphate of magnesia, oxide of manganese, sulphate of lime, bromine a trace, iodine a trace, organic matter a trace. There may exist a trace of lithia (carbonas) and arsenic a trace, combined with iron or lime, yet it is not indicated by the above experiments, and we have no assurance that they exist.

There are fifty-four springs in all, which have a mean temperature of 134° Fah., and range respectively from 63° to 150° Fah. They totally discharge 317 gallons of water per minute. The springs are situated on the western slope of Hot Spring Mountain (which is a margin of the Ozark Mountains) at an estimated elevation of 360 feet above the level of the sea, and about fifty-five miles westerly from Little Rock.

Invalids of a colder latitude will find this a delightful resort for the fall, winter and spring months. These waters enjoy great celebrity for their benign effects over rheumatism, gout, skin diseases as a class, scrofulous ulcerations, spinal diseases, nervous affections generally, uterine diseases as a class, mercurial, mercurio-syphilitic, and all forms of syphilitic diseases, over which maladies, and in fact, many forms of chronic

diseases, its effects are truly astonishing. These waters are highly stimulating, and are considered by the majority of patients as a species of luxury. This effect is due to the large quantity of free carbonic acid which the water contains.

On Paracentesis Thoracis.

The following are the chief points of interest in a contribution from Dr. Bartels, of Kiel, on the Operative Treatment of Inflammatory Exudations into the Pleural Sac. Abundant exudation into the pleural sac may cause sudden death by mere mechanical obstruction of the circulation or respiration; the longer the exudation has been collected, the smaller are the chances of complete recovery, by reason of the changes which take place in the compressed lung and in the walls of the thorax. Another change associated with abundant exudation into the pleural sac, whatever the nature of the fluid, is the tendency to chronic inflammatory processes in the compressed lung, and also in the lung of the opposite side, which inflammation may lead to deposition of tubercle. For this reason, even serous fluid should be removed by tapping, whenever there is no severe febrile disturbance, and when the exudation has caused displacement, and shows no tendency to become absorbed. Serous exudation is best withdrawn through a trocar, care being taken to exclude the air. When the fluid is purulent, constant flow should be favored by the formation of a large thoracic fistula, since the pus is generally reproduced after the use of a trocar, and the strength of the patient is exhausted by the prolonged and profuse suppuration. If, when puncturing a pleural sac for supposed serous exudation, the fluid be found of a purulent nature, the punctured wound formed by the trocar should at once be converted into a wide fistula opening. The purulent nature of an exudation may be diagnosed, when the patient is suffering from pyæmia, puerperal fever, etc., when fever exists although the progress of the exudation has been arrested, and, finally, when there is œdema of the subcutaneous areolar tissue of the thoracic wall on the affected side. A pressing indication for immediate opening of the pleural cavity is the occurrence of pyo-pneumothorax, since there is a risk of septic poisoning when air passes through a pulmonary fistula to a pleuritic exudation. After operating for purulent exudation into the chest, it is necessary, in order to prevent putrefaction of the remaining pus and of that subsequently secreted, to clean out the cavity, either by blowing in air through an elastic catheter, or by injecting water or a weak solution of common salt. This cleansing should be repeated daily as long as pus is secreted, and the cavity is capable of holding a certain quantity of injected fluid. Dr. Bartels states that, even in purulent exudations occurring with pyæmia or puerperal fever, the fluid should not be allowed to remain, since experience has proved that, in cases so unfavorable as these, paracentesis may result in cure.—*Deutsches Archiv für Klinische Medicin*, Bd. iv, Heft 3, 1868, in *British Medical Journal.*

Reviews and Book Notices.

NOTES ON BOOKS.

An interesting pamphlet is the Fourteenth Report upon the Registration of Births, Marriages, and Deaths in the State of Rhode Island for 1866. It is prepared under the direction of Hon. J. R. Bartlett, by Dr. E. M. Snow, and comprises all the information given in previous reports, with such additions and improvements in the tables as experience has suggested. Full information is included of the epidemic of cholera which visited the State in 1866. It should be added to the library of all interested in vital statistics.

On several occasions we have adverted to the suggestive papers on Anatomy and Morphology written by Dr. Burt G. Wilder. Last June he read one on "Extra Digits," especially sexdigitism, before the Massachusetts Medical Society, which has appeared in the second volume of their Transactions. It is a most thorough analysis of all the observations of this deformity before the profession, and contains a number of new and interesting views. The author is anxious that investigations into these anatomical anomalies be conducted more accurately and extensively than heretofore, and for that purpose has drawn up a series of questions to be answered in recording cases of extra digits, and will send copies of the blank to any one who may apply. His address is Cornell University, Ithaca, New York, and we hope his studies will be aided by that of our readers who may know any cases of extra digits.

Dr. Armaud Fumouze, pharmacien of the first class, sustained last year a thesis on Cantharides (*De la Cantharide Officinale*, Germer Bailliere, Paris, 1867), a copy of which we have received. It treats of the natural and chemical history of the drug, the causes which alter or diminish its properties, and the insects and acari which are found in it. Five excellent lithographic plates illustrate the thesis, and there is contained a

number of original observations as well as a careful digest of previous knowledge on the subject.

"The Pharmacist" is the title of a new journal to be published quarterly by the Chicago College of Pharmacy. It promises well, and intends to devote its pages especially to the interest of the drug trade of the West.

The First Annual Report of the Board of Health of Cincinnati for the year ending February 29, 1868, indicates a laudable intention on the part of that municipality to care intelligently and actively for the health and comfort of its inhabitants. Many of the statistics given will be found valuable, and evidently the city is in earnest in the good work. An additional pamphlet is published by order of the Board for general distribution, containing the State law, city ordinances, code of health laws, and rules and regulations of the Board, thus familiarizing the people with the nature of the duties which a board of health sets out to perform.

Those interested in questions of "Sacred Embryology" will be glad to learn that a French Abbé, Father Debreyne, has just published in Paris a work called by the formidable title "Moechialogie," a treatise on the sins against the sixth and ninth commandments of the Decalogue, and all the matrimonial questions connected directly or indirectly with them; followed by a practical abridgment of sacred embryology. It contains all the recent discoveries of physiological, natural and medical sciences and modern legislation, and is "destined exclusively for the clergy."

Of medico-theological moment is also the thesis of Dr. F. J. Grenier, "Etude Médico-Psychologique du Libre Arbitre Humain," it being the thesis which has given rise to such virulent attacks on the Paris Medical School, to which we referred at length some weeks back. It is said, however, that in this case the devil is not so black as he is painted, and that Grenier is not so rabid as either Cabanis or Bichat, those former lights of the French medical world.

Somewhat in the same line of thought is P. Tremaux's "Principe de la Vie Universelle." The learned author derives all life and all motion from the state of matter resulting from this simple fact, of which everybody is constantly witness: Heat tends to equalize itself, consequently it attracts in the ratio of its differences, etc.

The Proceedings of the Georgia Medical Association, at their last meeting in April, have been published to the number of one thousand copies, and distributed throughout the State. Their contents have a bearing on the Atlanta Medical College controversy, but we have not the time to make an abstract of them.

Constipated Bowels; the Various Causes and the different Means of Cure. By S. B. Birch, M.D. From the third London Edition. Philadelphia: Lindsay & Blakiston, 1868. 1 vol., 12 mo., cloth, pp. 181. *Price*, $

As the author very truly says at the commencement of his work, "There exists, perhaps, no derangement of the human organism which presents more troublesome little difficulties to the medical practitioner" than this of constipation. Moreover it has never before been handled separately in a practical convenient monograph by an experienced writer. Constipation is often the first of a long series of digestive troubles, and nearly always an accompaniment of them when they arise. Practitioners, therefore, will be glad to get such a treatise as this. That it has passed to a third edition in England is proof that it met a widely felt want.

After an introductory chapter the author passes to the various causes of constipation, then states the general principles and details applicable to every modification of constipation, and concludes with a chapter on treatment with reference to special causes and complications. The only principle of successful treatment—to manage each case on its own merits—is kept steadily in view, and many prevalent errors in diet and domestic medicine are pointed out.

Diseases of Children. A Clinical Treatise based on a Lecture delivered at the Hospital for Sick Children, London: By Thomas Hillier, M. D., Lond. Philadelphia: Lindsay & Blakiston, 1868. 1 vol., 8vo., pp. 402, cloth. *Price*, $3.00.

This is not so much a compendious work on infantile diseases, as a series of brief monographs on the more important complaints which have come under the author's notice while physician to the Hospital for Sick Children in London. This hospital only admits children over two and under twelve years, so there is little reference to the diseases of children under the first-mentioned age. So also the more exclusively surgical complaints are omitted.

Though these omissions cut off a goodly number of the ills that childhood is heir to, they unfortunately leave enough to allow our author to write a large volume, which is all the more valuable for its thoroughness in those he does take up. These are pneumonia, pleurisy, rickets, tuburculosis, diphtheria, hydrocephalus, pyæmia, chorea, paralysis, ascites, scarlatina, typhoid

fever, skin diseases, epilepsy, and convulsions. They are treated in the manner of clinical lectures, abundantly illustrated with cases and autopsies. A great deal of attention is given to diagnosis, and in the matter of therapeutics the author, while not averse to the old and tried remedies, (calomel in diptheria, p. 159), usually lays much more stress on good nursing, carefully regulated diet, fresh air, and cleanliness, than on any drugs—which is good news for the little ones. We hope that his views on these points will be extensively read and adopted, for they are thoroughly sound, and up to the times.

The Transactions of the New Hampshire Medical Society, Seventy-seventh and Seventy-eighth Anniversaries. Manchester: 1868. Pp. 142.

Medical Societies ought to keep careful records of their transactions, and ought to publish them whenever they can thereby promote the ends for which such societies are organized. This is a truism, yet it is worth saying, because it is a sort of corollary, that when the published transactions do not subserve this end, it is not worth while to print them.

So far as promoting friendly feeling, facilitating professional intercourse, disseminating a knowledge of professional etiquette, and so forth, are concerned, State societies and consequently their transactions, are valuable. But so far as extending medical knowledge, or reporting statistics, or aiding individual research, are concerned, they are not what they ought to be.

In the present volume there is only one original practical article. It is by Dr. A. B. Crosby, on Septicæmia, and is well thought out and well presented. He finds great advantage from the bisulphites given early, and recommends that after all capital operations and severe mechanical injuries, they should be given from the outset.

The other papers have little or no general interest, except one by Dr. Whipple, on the prosecution of medical men, an extract of which we lay before our readers elsewhere.

A Veterinary Journal Needed.

The *Maine Farmer* says:

"In mentioning the death of Dr. Dadd in our last issue, and the publication of his '*American Veterinary Journal*,' some years ago, the thought occurred to us that a work of similar character is now very much needed, and would, without doubt, be well sustained, provided it was conducted with honesty and ability. Diseases of animals are very common among us, and farmers need full and reliable information upon the subject—more so than what is given in general agricultural journals. Periodicals devoted to a specialty succeed now where they would not have succeeded a dozen years ago, and we call upon some one to start such a journal. It is much needed."

All very true. But a veterinary journal, such as that conducted by Dr. Dadd, will never succeed, simply because it was not founded on the broad principles of rational medicine. Dr. Dadd was an "Eclectic," and all his ideas were cramped by his adherence to the contracted notions of the followers of Thomson, who now sail under the banner of "eclecticism," so-called. A veterinary journal, on a proper foundation, ought to, and we think would succeed.

Medical Journalism in Indiana.

In looking over the Transactions of the Indiana State Medical Society for 1868, our attention was arrested by a portion of the address of the retiring president, Dr. J. S. Bobbs, which refers to the want of a medical journal in that state. One would naturally think that none existed there. Yet Dr. B. must know that in the very city where he practices and lives, is published one of the best medical journals in the country—the *Western Journal of Medicine*. If Dr. B. was so little acquainted with medical literature as not to know this, his criticisms do not carry very much weight; if knowing it, he in such a connection deliberately suppressed all reference to Dr. Parvin's labors, it must have been from motives out of place in the President of a State Medical Society.

Ventilation.

The *Scientific American* gives the following very brief, though not altogether satisfactory view of the philosophy of ventilation.

"How to get the pure air is the question; a purely mechanical one. Hot air rises—cold air falls. The impure gases do the same thing; therefore it is only necessary to provide for the escape of foul gases at the bottom of a room, provided it is heated with warm air, or at the top, if heated by radiation; the pure air being admitted in the latter case through openings protected so that strong currents shall not be formed, and the exchange of air being fully provided for by passing the vitiated gases through flues, or drawing them off by fans or other apparatus.

There is the whole thing in a nutshell, and all the scientific discussion of things upon the earth, or under the earth, cannot make it more so; so the *Scientific American* believes, and we believe its practical readers will concur."

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 3, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

MECHANICAL THERAPEUTICS.

The closing article of Dr. BANNING'S series on mechanical therapeutics appears in this number. In order to publish it entire, we have added a number of extra pages. Dr. BANNING'S articles have attracted much attention, and his ideas have been practically carried out by many physicians in every section of the country—with what result, it is for them to say. So far as we have heard, it has generally been favorable. We hear of one physician in this state who has within the past two years expended two thousand dollars on apparatus for the treatment of cases on the principles laid down in these articles; and with satisfactory results. Dr. BANNING has done his duty—placed his ideas before the profession effectually—it now remains for the profession to receive or reject them according to the success of the proper application of his principles.

MEDICO-LEGAL RELATIONS OF CHLOROFORM—CASE OF IGNATZ HURST.

The important position which chloroform holds as a toxic agent, and yet the unsatisfactory character of the information we possess about it in this relation, have been adverted to several times in the REPORTER during the past year. The case of Ignatz Hurst, a German of Hoboken, New York, is an illus tration not only of this uncertainty, but of the indefiniteness with which many very important investigations in legal medicine are conducted. Hurst died suddenly on September 15th at 3 o'clock in the morning, and Coroner White at 10 o'clock held an inquest on his body.

The deceased had been crazy for some days previously, and at half-past one A. M., on the 14th was so violent that Dr. Nast was sent for. The doctor came to the rear house of 136 Hudson street, Hoboken, where the patient lived, and to quiet him administered a double dose of chloroform by inhalation, the first not having taken effect. The patient then slept for some time, but at 2 A. M , his appearance was such as to lead those minding him to believe that he was dead. The doctor was again sent for, and after having arrived applied something to Hurst's feet to test the assertion of his death. This showed that the patient had died, and the fact having come to the knowledge of the coroner, a warrant was issued for the doctor's arrest, and an inquest ordered immediately. At the investigation the doctor was defended by MORRIS BRETZFELD, Esq., and the crown was represented by J. H. LYONS, Esq. The first witness examined was Henry HOFFMAN, 235 Washington street, Hoboken, who deposed that since 9 o'clock the previous evening he watched over Mr. Hurst, who was not sick, but crazy; about half-past one the patient got very violent, and Dr. NAST was sent for. The doctor came and ordered some medicine which, he said, would quiet him for an hour or an hour and a half. The medicine was sent for at once, and, after having been received in the house, was given by the medical gentlemen to the patient, who spoke a few incoherent words. Witness was not in the room at the time the medicine was given. About half an hour subsequently the patient got easy, and then commenced to sleep, but not having awoke at 3 P. M., and being to all appearance dead, the doctor was again sent for; on his arrival he said he was not sure whether the man was dead or not, but subsequently declared life extinct. JOSEPH WEISS and Martha CHRISTIAN, who had also watched the deceased before his death, corroborated the evidence of the last witness in many particulars, and added: At half-past one the doctor gave him chloroform; he

said so; a sponge was put to his nose; it had not at first the desired effect, but a second application sent him to sleep; the sponge with chloroform was applied in all for five minutes.

What the medicine administered was does not seem to have been inquired into, still less its amount. Nor does any evidence show how much chloroform was given by inhalation, nor was inquiry made whether it was given with the usual and necessary precautions.

The character of the dementia and its cause were not put in evidence, though these facts would have the gravest bearing on the propriety of the treatment, as if the symptoms arose from delirium tremens the chloroform would have been nearly certain to endanger life.

Let us now pass to the cadaveric examination which was made by Drs. Chabert and Benson. How long subsequent to the period of death is not mentioned, and apparently excited no attention, though in death by chloroform it is of the greatest weight as we shall see. These gentlemen deposed "that the man was laboring under a complication of diseases, the brain and its membranes showed signs of recent inflammation, the lungs were very much congested, the heart was empty, and liver somewhat enlarged; there was sufficient evidence of disease of the brain to have caused death; chloroform did not directly act on the brain, but was taken into the blood by the lungs; a little of it would not hurt him; in fact a violent man such as he, weighing 180 lbs., would require a great deal to put him to sleep."

Now let us turn to p. 477 of the Reporter, vol. xviii., and read the anatomical characteristics of death by chloroform as given by a writer in the *Prager Vierteljahrscrift:* "The anatomical characteristics of death by chloroform are pallor of the countenance, dilatation of the pupils, rose-colored spots on the extremities, slight cyanosis, injected base of the tongue, *congestion of the lungs*, emphysema, *soft heart, slightly injected pia mater.*". Here it is seen that several of the lesions stated by the physicians who made the cadaveric examination as the probable cause of death, are in fact to a certain degree characteristic of poisoning by the drug.

Their testimony further was that "congestion of the lungs was the direct cause of death, and chloroform had nothing to do with it."

Apart from the vagueness of the nosology of this statement, this is a constantly present and significant sign of the anæsthetic death.

They further stated that, "there was no smell of chloroform from the body, as there would have been were it the cause of death; under the circumstances the doctor was justified in resorting to some measure to quiet him."

This assertion merits investigation. It is difficult to see how the absence of the peculiar odor can prove so much. It is proven that a "double dose" of chloroform was given the previous day. Exactly how much will cause death in a given case it is impossible to say. We were once about to operate for strangulated hernia, when our patient, a male adult, expired on the table before he was touched with the knife, after taking six drachms, administered by a competent surgeon, under favorable circumstances.

How long the smell will remain in the body is yet not ascertained, and depends largely on attendant circumstances. From two to three hours after administration it is impossible to detect it in the breath. But certainly when we never know the amount which is toxic in a certain case, it is rash to say that because no smell is present, it could not have been the occasion of death.

In this critique on the case we have no intention to cast any doubt on the decision of the inquest.

The jury found that "deceased came by his death from congestion of the lungs, and we exonerate the attending physician from all blame," and we have no wish to question the latter clause. But we feel it a duty to call public attention to the unsatisfactory manner in which inquests are too often conducted. What we need is the professional expert in such cases, he who has added to a careful perusal of authors a close and practical study of the effects of toxic agents on

the organism, and who can confidently discriminate between the lesions of a poison and the signs of a disease.

Notes and Comments.

Treatment of Placenta Prævia.

Dr. Chassagny recently brought before the Paris Academy of Medicine some new hæmostatic means to be employed in placenta prævia, both before and after delivery, which seem worthy of note, as both original and likely to be useful. Before delivery, and without allowing the hemorrhage to become serious, Dr. C. employs an *intra-uterine tampon*. This is done by introducing a blunt sound, four or five lines in diameter, containing in its cavity a ball of caoutchouc, when distended, the size of a large walnut or orange. The ball is inflated immediately above the cervix, and not only acts as an efficient tampon, but as an excellent dilator. When it is expelled by the uterus, the dilatation is sufficiently large to permit any obstetrical manipulations. After delivery, Dr. C. proposes to arrest any hemorrhage by what he calls the double hæmostatic balloon. This is composed of two caoutchouc balls, the lower connected with the other by a short hollow tube, with an independent orifice. The upper balloon is introduced into the uterus and inflated; the lower is then inflated in the vagina. Thus a pressure on the cervix is caused, and both uterus and vagina are filled until the contractile power of the former is restored. These are ingenious contrivances.

Maternal Impressions.

In a recent number of the *Psychological Journal*, Dr. Hammond argued forcibly for the reality of these impressions on the infant *in utero*. We have generally considered them superstitions of the populace, but it would seem that they are occasionally more than this. We have been amused, however, to see in two papers, one from New England, and one from Virginia, sent us recently, sober descriptions of two cases, in one of which the child was born headless, yet living, because the mother had witnessed a man decapitated by a cannon ball during her pregnancy, and in the other, a son labored under the singular difficulty of being unable to speak to his father. This was supposed to be because, for a month or two, his mother had not been on speaking terms with his father. These stories show how ready the public is to endorse the marvellous.

Prof. Austin Flint in Buffalo.

Prof. Austin Flint, Sen., was recently the recipient of a very flattering testimonial of the regard of the medical profession of Buffalo, where he spent more than twenty years of his professional life. Happening there on a visit, he was invited by nearly forty of his old professional friends (which must have comprised nearly or quite all the physicians in the city) to an entertainment. His engagements were such, however, that he was obliged to decline it, which he did in a very neat letter, acknowledging the flattering compliment so unexpectedly paid him.

Iowa State University.

At the annual meeting of the Board of Trustees of the Iowa State University, held at Iowa City, September 17th, a medical department of the University was created, to be located in Iowa City. A course of lectures will commence in September, 1869. The faculty is not yet announced.

Another "Outrage."

Here is another "outrage" by a person who wishes to get rid of a "disagreeable relative." We quote from the Court proceedings in a New York daily.

"It appears that Marinus W. Cooke, who appeared at the Essex Market Police Court, and asked for a warrant to cause the arrest of his brother-in-law, on a charge of having caused him to be put into the Lunatic Asylum, and attempting to poison him, is not wholly sane. Justice Mansfield at first thought he was sane, and ordered the warrant to be given, but on hearing him say that he wanted to have some angels arrested too, he had him conveyed out of court."

Bartholow *v.* Blackman.

The controversy between Drs. Bartholow and Blackman, of Cincinnati, has been put an end to by a Committee of the Faculty of the Medical College of Ohio. This committee allowed a reply from Dr. Bartholow—"said reply to be free from personalities." It is merely a rebuttal of Dr. Blackman's charge of plagiarism, which we have already expressed our opinion was unfounded. Let us hope that the whole matter will now be dropped.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Prolapsus Uteri.

Editors of Medical and Surgical Reporter:

In a former number of the Reporter (May 30, 1868), also in the Compendium, Part II, July, 1868, page 231, appears a report of a very interesting case of prolapsus uteri, as read by Dr. Erich, before the Baltimore Medical Association. In my humble judgment, the worthy Doctor has, in making his case known to the profession, together with his peculiar and novel mode of treatment, rendered a service of incalculable value, for which he merits their profound gratitude and esteem. The reasons for such a conclusion I consider sufficiently apparent in the following notes of a case lately under my care.

Mrs. ———, æt. 50, of German descent, and mother of five children, has been a sufferer from uterine trouble for 20 years, for which she has received no treatment whatever. About five years ago she first discovered the uterus presenting at the vulva, to which she gave no heed until it became procident, when she merely supported it by a strip of cloth in the form of a T bandage. She suffered at times considerable pain when at hard labor; but, possessing as she did, a remarkably robust, hale constitution, she did not become debilitated, but continued about her ordinary housework and frequently went to work in the field digging potatoes, and doing other farm work. In this condition she remained until three months ago when she was taken sick with the symptoms of a common cold, when her former pains were aggravated so much as to confine her to bed. I was called, and after hearing her former history, proceeded to make an examination of the uterus. Found it procident, hanging down between the thighs about six inches external to the vulva; the os and cervix in a state of ulceration, hypertrophy and chronic inflammation, horrible to behold. The whole made a picture very like one given on page 240 of Transactions Medical Society State of New York, 1863. She tells me it had been procident for five years, and its appearance certainly corroborated her statements. The mucous membrane had ceased to secrete, was perfectly dry and appeared to the eye like the natural integument of parts external.

The uterus would not remain in situ when replaced, and all varieties of pessaries introduced for its support proved equal failures. I had just received my Reporter containing a report of Dr. Erich's case, and proceeded at once to adopt his plan. Prepared a piece of No. 12 common iron wire (could not get the tinned wire), bent it to the required form, slipping on it for a covering a piece of gum elastic tubing (a remnant of a broken hand ball apparatus for freezing, etc.), and, bringing together the ascending portion, and covering with cloth down to the pubic portion, I leave the pessary proper without the gum elastic bag as described by Dr. Erich, and with this simple instrument, which occupied not more than half an hour in its construction, I hastened to my patient, and proceeded at once to replace the uterus by simply applying to the os the upper surface of the horizontal portion of the pessary, and after carrying the uterus gently within the vulva; with the ascending portion as a lever, lifted it upward to its exact normal altitude and position with perfect ease and with but very little pain. The upper end was made fast to the corset, and after a moment's manipulating the instrument was made (as she remarked) "*to fit like a boot.*" There has not been the least pain or uneasiness felt by the patient since it was applied; she got upon her feet instantly, and went to work a week after at washing and other hard labor. A few days ago she removed the instrument, and says the "*womb stays put,*" and gives her no trouble whatever. The discharge which caused her much trouble has all ceased, and judging by the "touch" the hypertrophy was very much eliminated, the os contracted, and it presents a healthy surface to the finger. The instrument is no bar to either micturition or defecation, and does not get in the way sitting or standing; is light, easily removed and replaced by the patient; and, in short, in my humble opinion, is as near perfection as anything that can be devised for uterine support, either for prolapsus, retroversion, or anteversion; these varieties only requiring a modification of form to meet their several indications. I am confident that no other procedure short of episoraphy could have secured in this case like results; and when I consider with what remarkable simplicity the whole is effected, I am at a loss which most to admire; the skill which devised it, or the noble principles involved in making its advantages patent to the profession. Furthermore, I can but congratulate the editors of the Reporter on their success in furnishing the profession with a first class Medical Journal freighted with the best current medical literature of the day, conspicuous among its practical advantages being its Reports of Medical Societies and their doings.

J. T. Barnes, M.D.

Clifton Park Village, Saratoga Co., N. Y.

Walter Walker, M. D.—Obituary.

Died, September 10th, 1868, in the city of Chicago, of gastro enteritis, WALTER WALKER, M. D., of Rochester, New York, aged 31 years and 10 months.

The deceased was a graduate of Jefferson Medical College, and a most accomplished gentleman.

His mind was eminently practical, and for years he labored perseveringly and successfully to elevate the standard of ophthalmic and aural surgery to the highest point, in the north-west.

Several surgical instruments invented by him have grown into common use, and his active mind was constantly engaged in contemplating improvements. In fact he never seemed so well satisfied with himself as when earnestly laboring to benefit that branch of surgery to which he was devoting his life.

Kind and courteous to all, he was really and truly a Christian gentleman: earnest and persevering in the pursuit of medical knowledge, he was a sincere and blessed help to the afflicted.

He leaves a wife and three children. May God help them to believe that the terrible darkness that follows the death of such a husband and father, is indeed lessened by the vivid halo of an untarnished name—the truest and noblest heritage that a man can leave to his wife and little ones.

And when they come to stand by his (now distant) grave, may God in his goodness, soothe their bitter agony with the tender consolation, that this is the grave of a father and husband, who died young in years, but old in all that makes life worth living for; because he was true to himself, true to his family, true to his friends, and true to his God. J. D. M. C.

Chicago, Sept. 1868.

News and Miscellany.

Captain Hall's Discoveries in Relation to Sir John Franklin.

Dr. GOOLD, a citizen of Dublin, who has spent two years in the Polar regions, arrived at New York recently, bringing fresh information concerning the fate of Sir JOHN FRANKLIN. Dr. GOOLD, as the telegraph briefly informed us, states that he spent considerable time with Captain HALL at Repulse Bay, in August, 1867. The latter informed him that he had traced the fate directly of two of the survivors of Sir JOHN FRANKLIN's party. From Dr. GOOLD's notes it seems the proof of Captain CROZIER's fate is in Captain HALL's possession. Captain CROZIER and one of FRANKLIN's crew died in the vicinity of Southampton Island, while endeavoring to make their way to that place, in the belief that they would there meet a whaler to convey them back to England. The Esquimaux who furnished these facts to Captain HALL, gave him a gold chronometer, besides some silver trinkets belonging to CROZIER's outfit. Captain CROZIER passed through two tribes safely in his journey to Southampton Island. After that all trace is lost. Captain HALL inclines to the belief that he and his companion were murdered by the natives. According to native information the last six survivors built a cairn, or rude vault of rocks, and deposited in it documents and valuable articles, which Captain HALL is determined to recover, even if he has to give battle to the tribe who is in possession of the articles. Captain HALL is abundantly able to prosecute the search, and to defend himself from the assaults of the natives.

An Apt Reply.

The venerable Dr. BOUILLAUD, of Paris, is a wit, as well as a great diagnostician, and an unterrified bleeder. The following story is told of him:

M. GUIZOT gave, in 1846, a ball, at which the most eminent people of Paris were present; among them were M. THIERS and Dr. BOUILLAUD. The yellow fever was then at Marseilles, which M. THIERS represented in the Chamber of Deputies. He asked Dr. BOUILLAUD to explain the disease. The Doctor gratified M. THIER'S request, but failed to satisfy him. He exclaimed, "Doctor, I have studied that disease, and I have seen nothing you have described." Dr. BOUILLAUD replied: "M. THIERS, you are familiar with history, and write it better than most men; do you remember this historical incident?—It is said that when Hannibal was Prusias's prisoner, he heard of a man named Fabius, who delivered admirable lectures on military tactics and the art of war. Hannibal wished to make Fabius's acquaintance; he sent for him; he heard him, and exclaimed, '*Multos vidi delirare homines, sed numquam magis quam Fabium.*'"

—— A New Hampshire paper says: "The greatest age ever attained in this State by any person whose age was positively known, was that reached by Mr. LOVEWELL, of Dunstable, who died at 120. WILLIAM PERKINS, of Newmarket, reached 116; and ROBERT MACKLIN, of Wake field, 115.

—— The Museum of Anatomy of Naples has just received from an officer of the Italian navy a Peruvian mummy of the Inca race, who inhabited this country at the time of the Spanish conquest. It is seated, with the hands resting upon the knees. It is not as black as the Egyptian mummies, and is enveloped with the bark of a tree.

—— Dr. Lyman B. Howe, of Manchester, N. H., has been chosen Professor of Anatomy and Physiology to the Dartmouth Medical College.

—— De Quincy, being asked why there were more women than men, replied: "It is in conformity with the arrangement of nature; we always see more of heaven than earth."

NAVY NEWS.

Changes etc., in the Medical Corps of the Navy during the week ending September 19th, 1868.

Surgeons Wm. M. Wood, D. Harlan, P. Lansdale, ordered as Members of a medical Board to convene at Annapolis, Md., September 20th, 1868.

Past-assistant Surgeon George F. Winslow. Transferred from the "Wateree" to U. S. S. Powhatan.

Assistant-Surgeon William S. Bowen, transferred from Powhatan, to U. S. S. Wateree.

Acting-Assistant Surgeon William H. Faxon, transferred from "Tuscarora" to U. S. S. Powhatan.

Assistant-Surgeon Robert Redington, ordered to the U. S. S. Nipsie.

Acting-Assistant Surgeon John D. Smith, ordered to the U. S. S. Yantic.

Assistant-Surgeon Robert A. Marmion, ordered to duty at the Naval Hospital, New York, vice Assistant Surgeon Robert Redington.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

McCrossen—Hadley.—At the residence of the bride's father, Sept. 23d, by the Rev. Wm. H. Boole, Mr. R. D. McCrossen, of Honeoye, N. Y., and Florence May, daughter of Prof. Wm. W. Hadley, M.D., of Brooklyn, E. D

Pine—Neville.—At Newburgh, N. Y., Aug. 22, by the Rev. W. T. Sprole, Dr. O. S. Pine and Clara Louisa, eldest daughter of the late Thomas H. Neville, Esq., both of the city of New York.

Sargent—Garland,—In Henniker, N. H., Sept. 10, by Rev. W. H. Jones, Dr. Fernando C. Sargent, of Danbury, N. H., and Miss Mary E. Garland, of Henniker.

Walker—Oakley.—In Trinity Church, Cleveland, O., Sept. 15th, by the Rev. Dr. Starker, Jerome Walker, M.D., of Brooklyn, and Miss Helen E. Oakley, daughter of the late John W. Oakley.

DIED.

Draper.—In Worcester, Mass., Sept. 20th, Robert Watts, youngest child of Dr. Wm. H. and Elizabeth K. Draper, of New York.

Furman.—In New York, Sept. 22, H. Elvira B., wife of Guido Furman, M.D., and daughter of the late Hartwell Bullard, of Westboro, Mass., aged 30 years.

Green.—At Orange, N. J., Sept. 23, Ellen Ladd, daughter of Dr. William and Kate H. Green, aged 10 months.

Quackenbos.—In New York, Sept. 21, Catharine J., widow of George C. Quackenbos, M.D., aged 74 years.

Smith.—In this city, suddenly, Sept. 15th, Elizabeth Smith, wife of Charles J. Smith, M.D., aged 39 years.

West.—In this city, on Sept. 24th, 1868, Francis West, M,D., in the 59th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. O. A. R., of Pa.—"Am I right in supposing typhus, typhoid, variola, morbilli, scarlatina, erysipelas, and pestis, as the only diseases included under the head of *febris continua communis*, and that Tanner, Watson, Dickson, etc., are as appropriate as any writers upon the same. If not, would you be pleased to enlighten me through the medium of the Reporter?" We like to avoid getting entangled in the mazes of nosology. Certainly the authors mentioned are sufficiently weighty to carry any point on which they agree. Ordinarily, common continued fever means typhoid fever, nothing more or less.

Dr. T. B. P., of Pa.—A hypodermic syringe costs from $3.50 to $6.00.

Dr. H., of N. J.—We think the skin disease you describe is the ordinary "ring-worm." Early stimulant applications without incisions (tinct. canth., sol. nit. arg., sol. cup. sulphat.) generally put a stop to it.

Dr. M. C., of Mich.—Radcliffe on Epilepsy, Paralysis, etc., $2 25, and Brown-Séquard on Functional Nervous Disorders, are the best works. The latter is not yet completed.

Dr. W. H. R., of O.—We have submitted the specimens of supposed entozoa you sent to Dr. Geo. H. Horn, of this city. He informs us that they belong to the genus Orthophagus, species Hecate—the animal often seen under old cakes of cow excrement. Dr. Horn adds, that they are very apt to be found in fresh human excrement as well. When a person defecates in the open air in a locality where the orthophagus abounds, it is not unfrequently found in the feces immediately after. It is not improbable that their presence in the passages of the child can be accounted for in this way. Certain it is, that the insect is an air-breathing animal, and cannot live any length of time in a closed mucous-lined canal, like the intestine.

Dr. D. M. M., of Pa.—There are no subjects for dissection now to be obtained, except by gift from public institutions.

Dr. G. T. F., of Pa.—We think Thomas on Diseases of Women, as useful and practical a book as you could get.

Dr. A. J. C., of Mo.—If you wish your Reporter bound, we can get it done for you at 80 cts. per vol. The freight both ways will, of course, be charged you. Better have it done nearer home, and thus save expense.

Dr J. J. B., of Pa.—The best works to acquire a thorough knowledge of the application of electricity are Morgan's Electro-Therapeutics, Garrett's Medical Electricity, and Althaus. The best instruments are Kidder's. On Physiology, Flint or Dalton are late and good.

METEOROLOGY.

September,	14,	15,	16,	17,	18,	19,	20.
Wind	N. E.	N. E.	W.	N. W.	N.	S. E.	S.
Weather	Cl'dy. Rain.	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy. Rain.
Depth Rain	1 10						3-10
Thermometer.							
Minimum	59°	56°	57°	43°	40°	45°	50°
At 8, A. M.	58	65	67	52	53	54	60
At 12, M.	70	70	71	69	61	64	67
At 3, P. M.	69	70	70	68	62	65	65
Mean	64.	65.25	66.25	58.	54.	57.	60.50
Barometer.							
At 12, M.	30.2	30.3	30.	30.3	30.5	30.4	30.2

Germantown, Pa. B. J. Leedom.

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CITY OF NEW YORK.

SESSION OF 1868-'69.

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Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the College.

JAMES R. WOOD, M.D., LL.D.,
Emeritus Prof. of Surgery.

FRANK H. HAMILTON, M.D.,
Prof. of Practice of Surgery with Operations.

LEWIS A. SAYRE, M.D.,
Professor of Orthopedic Surgery.

ALEXANDER B. MOTT, M.D.,
Professor of Surgical Anatomy with Operations.

W. H. VAN BUREN, M.D.,
Prof. of Principles of Surgery with Diseases of the Genito-Urinary System.

BENJAMIN W. McCREADY, M.D.,
Professor of Materia Medica and Therapeutics.

GEORGE T. ELLIOT, M.D.,
Prof. of Obstetrics and Diseases of Women and Children.

FORDYCE BARKER, M.D.,
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STEPHEN SMITH, M.D.,
Professor of Descriptive and Comparative Anatomy.

AUSTIN FLINT, M.D.,
Professor of Principles and Practice of Medicine.

R. OGDEN DOREMUS, M.D.,
Professor of Chemistry and Toxicology.

WILLIAM A. HAMMOND, M.D.,
Professor of Diseases of the Mind and Nervous System.

AUSTIN FLINT, JR., M.D.,
Professor of Physiology and Microscopy, and Secretary of the Faculty.

The Preliminary Term will open on Wednesday, September 16, 1868, and will continue until the opening of the Regular Session, October 14, 1868. A distinctive feature in the method of Instruction in this College is the union of Clinical and Didactic Teaching, and all the Lectures are given within the Hospital Grounds.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Prelimary and Regular Term, including Clinical Lectures	$140 00
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Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Professor AUSTIN FLINT, JR., Bellevue Hospital, Medical College. 592—604

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PHILADELPHIA.

MEDICAL DEPARTMENT.
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GEORGE B. WOOD, M.D., Emeritus Professor of Theory and Practice of Medicine.
SAMUEL JACKSON, M.D., Emeritus Professor of Institutes of Medicine.
HUGH L. HODGE, M.D., Emeritus Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy.
ROBERT E. ROGERS, M.D., Professor of Chemistry.
JOSEPH LEIDY, M.D., Professor of Anatomy.
HENRY H. SMITH, M.D., Professor of Surgery.
FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine.
R. A. F. PENROSE, M.D., Professor of Obstetrics and the Diseases of Women and Children.
ALFRED STILLE, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine.

D. HAYES AGNEW, M.D., Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery.

The Lectures of the Session (1868-69) *will commence on the second Monday* (12th) *of October, and close on the last day of February ensuing.*

One Introductory will be delivered to the Course.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The Room for Operative Surgery and the Application of Bandages, etc. etc., is open early in September, and throughout the Session, under the supervision of the Professor of Surgery.

Surgical Demonstrator, JAMES COLLINS, M.D.

Fees for the Lectures (each Professor $20)	$140
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F. V. HAYDEN, M.D., Professor of Mineralogy and Geology.
HENRY HARTSHORNE, M.D., Professor of Hygiene.
JOHN J. REESE, M.D., Professor of Medical Jurisprudence, including Toxicology.

The Fourth Course of the Auxiliary Lectures will begin on the first Monday in April, 1869, and terminate the last of June. These Lectures are free to all Students of the Regular Medical Course. 592—3 m.

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JOHN M. MAISCH, *Chemist, U. S. Army Laboratory.*
(Now Professor in Phila. College of Pharmacy.)

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THE

MEDICAL AND SURGICAL REPORTER.

No. 606.] PHILADELPHIA, OCT. 10, 1868. [VOL. XIX.—No. 15.

ORIGINAL DEPARTMENT.

Communications.

INSTRUMENTAL DIAGNOSIS.

By PHILIP S. WALES, M. D.,
Surgeon, U. S. Navy.

(Continued from page 245.)

V. OPHTHALMOSCOPIC CHARACTERS OF DISEASES OF THE VITREOUS HUMOR.

Diseases of the vitreous humor are subjects of great interest, both to the ophthalmologist and general pathologist. To the former they are interesting from the important influence they exert in nearly every disease of the interior of the eye upon the facility or possibility of his diagnosing it. The function of the vitreous being dioptric, the presence of any object or condition determining arrestation or modification of the rays of light to and from the fundus, becomes a factor of prime importance, required to be known as regards the nature, origin, and relation of the interfering causes with the tissues of the structures beyond them, before the pathological condition of the latter can be estimated.

In the early stages of some, and in the latter stages of almost all the diseases of the membranes of the eye already described, more or less vitreous changes are involved, which often unfortunately cut off our opportunities of bringing the altered structure beyond directly under visual inspection.

To the pathologist the interest that attaches to the vitreous consists in his being able to study the modifications induced in morbid phenomena by their occurring in a non-vascular structure. This structure, according to Mr. BOWMAN, consists of an exceedingly fine and close, but perfectly transparent web of fibrous tissue, the meshes of which are exceedingly small, and contain an aqueous fluid. When entire it is of the consistence of soft jelly, but if cut into, the water contained in the cells drain off, showing that they communicate freely with each other. The interlacing fibres of which those cells are formed, especially in the vicinity of the ciliary processes, may be plainly seen with a high power. The whole vitreous body is contained in an envelope of extremely thin structureless membrane, having corpuscle or cell-nuclei on its inner surface, where the fibrous tissue is attached. The hyaloid membrane is united to the retina by a layer of transparent cells, and the junction is particularly close at the circumference of the optic disc. It is connected anteriorly at the periphery of the ciliary processes, and continued from here to the posterior layer of capsule of the lens to which it adheres.

1. Inflammation of the Vitreous Humor or Hyalitis.

The vitreous is rarely inflamed, independently of the surrounding structures, but it usually takes its origin in iritis, cyclitis, choroiditis, or retinitis, and subsequently extends to the vitreous; that it can do so however, is beyond question, as is seen in those cases of wounds in which a foreign body is driven into the globe through the cornea and lodged deep into the vitreous body, quickly determining inflammation, which often results in purulent or membranous formations around the foreign object. The inflammation may be either partial or general. In the first case, it is seen affecting the peripheral parts of the vitreous, those in contact with the retina and ciliary processes where abundant proliferation marks its presence. When the entire vitreous suffers, inflammatory products are developed throughout its extent, and suppuration and destruction of the eye is then most likely to occur. This result is

almost invariable in injuries of the eye-ball by penetrating objects lodging in the vitreous. It was the case in three instances that have come under my observation, in which fragment of percussion caps and primers were the vulnerants.

In limited hyalitis the proliferation does not often take such a funest course, but sometimes culminates in the production of a net work of connective tissue, ramifying through and enclosing the vitreous in its cells, and upon which usually vessels outshoot from the retina, ciliary processes, and optic papilla; or again, the process may fall far short of this, and originate different opacities of various forms, such as specks, threads or bands, which, upon motion of the eye, change their position indefinitely, and when present with crystals of cholesterine, often give the ophthalmoscopic image a singularly beautiful appearance. These new formations are most always connected with a fluidity of the vitreous, yet their motion may in certain instances be appreciable without abnormal thinning of this humour. The changes produced by hyalitis are in most instances of a very mutable character, appearing or disappearing with the advance or retrocession of inflammatory affections upon which they are dependent, and unless they have involved the formation of strong bands of connective tissue, little damage to the eye attends them, nor will any trace be left of their presence. These bands, however, are mostly permanent and often seriously impair the vision, as is seen in those forms of disease called polar and hyaloid cataracts, which are produced respectively by the development of membranes upon the middle of the posterior surface of the crystalline lens, or by covering that surface entirely. In other instances atrophy of the eye-ball is brought about by the retraction of the connective tissue bands connected with the retina, destroying the vitreous humour contained in their interstices, and detaching the retina from the choroid.

In order to see this morbid condition of the vitreous, it is a necessary requirement that the dioptric media shall be transparent, that the light may be able to illumine the vitreous in every direction. The pupil must also be dilated to its fullest extent, as well to admit the greatest quantity of light as to enable the observer to prosecute his search to the neighborhood of the zonula which it may be intimated, most frequently of all the other parts of the interior of the eye, is found in morbid concurrence with disease of the anterior portions of the vitreous. During the examination the patient should be directed to move his eye quickly in various directions to disturb the vitreous and the intruding substances within it, that the tremulous motion and fluidity of that humor may be detected, and the nature, extent, position, and movements of the floating objects, which sometime sink below the margin of the pupil out of sight, determined. The ascertainment of this knowledge with accuracy will depend in great measure upon judicious illumination of the interior of the eye. The two modes of this procedure described in an early number of these papers under the designation of illumination by transmitted and by incident light must be had recourse to conjointly. In exploring alterations of the deeper portions of the vitreous, the former method is best adapted, and for those of its more superficial parts and of the crystalline lens incident light, or oblique illumination as it is sometimes called, is to be preferred.

When a certain volume of light is projected into the chambers of the eye rendered cloudy by vitreous opacities of small extent, which do not in any great degree interrupt its passage to the fundus, nor yet in consequence of their limited extent do not reflect it outwards, the fundus will be lighted up, and opacities will appear as black specks scattered over its surface; and which will be subjectively appreciable in the field of vision as interruptions of its surface, called scotomata. They differ from muscæ volitantes or myodesopsia, in that the latter are dependent upon cellular proliferation in the vitreous, only recognizable with the microscope. Both these forms of scotomata are evanescent, there is a third form, however, which is permanent, and caused chiefly by morbid alteration in the lens.

If the entoptic bodies are situated in the anterior part of the vitreous, oblique illumina-

tion or incident light which simply illuminates them, and leaves the fundus in the shade, will display the bodies in their true colors standing out from a dark back-ground.

As regards the position of the entoptic substances the observer will be enabled to form his judgment upon this point by observing the alteration of their position in relation to the centre of motion of the eye-ball, which must remain fixed in all movements of this organ. Although the position of this centre will vary with the original conformation of the eye and, with its myopic and hypermetropic conditions, yet sufficient accuracy is attainable by the observer pitching upon a central point in the visual axis, around which the move ments of the entoptic bodies appear to take place. Those in front of the centre will move in the same direction as the pupillary margin, while those in the rear of it, and deep in the vitreous, will pass in an opposite one. By this means we can say that the body is anterior or posterior to the centre of motion which in the normal eye is about 1.77 millimetres in the rear of the middle of the visual axis.

Another method of arriving at the same conclusion consists in moving the biconvex lens in a direction perpendicular to the visual axis, the eyes of both the observer and patient remaining fixed, when those bodies near the cornea will move in the direction of the lens, and those situated deeper will pass in an opposite direction.

The kind and strength of the lenses required in obtaining a clear perception of objects with the erect image will also materially assist us in our investigation as to the depth of the vitreous opacities. It is well known that only those objects situated in or behind the focus of the eye can be seen with a concave lens in an upright position, while opacities placed in front of it can be seen with the unassisted eye, or the eye armed with a convex lens; that is, the stronger the convex lens required to see the object distinctly, the further must it be in front of the focus, and the stronger the concave glass required the farther is the object in the rear of it.

As the means for deciding upon the nature, position, and extent of vitreous opacities have been considered, it will now be required to briefly describe the various sorts—diffused, flocculent, filamentous, and membranous—met with.

Diffused opacities vary in appearance according to their position, density, and the magnifying power employed. Usually a dotted or finely sprinkled surface of a yellowish-white color, is presented in the ophthalmoscopic picture, with its constituent particles constantly changing position as the eye is moved, sometimes apparently folding up, and then unfolding, or the particles collect, consequently, giving some parts of the surface the aspect of greater density than others, which often quickly dissipates, or persists as long as the opacity. The cloudy vitreous obscures the definition of the optic disc, and renders the surrounding region of retina, with its vessels, quite blurred.

In a more advanced stage of hyalitis, the opacity becomes more marked and *filamentous*, in consequence of the development of connective-tissue fibres, which often entwine in every direction through the vitreous, especially in the neighborhood of the zonula. These produce the thread like scotomata, which are sometimes compared, by patients, to the legs of insects, to the meshes of a net, etc. The filaments are best seen when the convex lens is sufficiently far removed from the eye to bring within the visual the iris and cornea.

Flocculent opacities floating in the vitreous are readily cognizable, they throw light cloud-like shadows upon the retina, and induce scotomata of a corresponding likeness.

Membranous opacities occur under the form of translucent, finely-sprinkled bands, located especially in the circumferential portions of the vitreous. They envelope the track, and also the foreign body itself that may have penetrated the vitreous, and conceal it from view.

Coincident with the production of these various forms of proliferation, the vitreous almost always becomes fluidized, either partially or wholly, being resolved into a pellucid liquid, and constituting the disease known as simple synchisis. In other cases,

along with this dissolution of the vitreous, crystals of cholesterine are produced both in the anterior and posterior chambers, giving rise to a bright glittering appearance, which Desmarres has designated as synchisis scintillans, and he describes the phenomena observable in the following manner: "With the ophthalmoscope, especially when the cholesterine is abundant, the sight is magnificent; small, luminous. and very brilliant particles reflect the light for an instant only, dart with astonishing rapidity across the rosy field of the fundus of the eye. Shot from below upward in the vitreous body, by the movements that have been directed, they fall like the cluster of a rocket, often turning back, sparkling and disappearing alternately. Some of them reflect diversely colored light; all generally disappear behind the iris; but if the patient maintains his eye motionless, it is not rarely that crystals are seen fixed upon exudative filaments, attached by one or both ends, quivering at different depths in the illuminated cavity. It resembles golden and silver spangles fixed upon a brilliant silk ribbon, of a white or yellow color, and agitated by the wind." This fluidity of the vitreous will be found most often associated with posterior staphyloma, sclero-choroiditis, and retino-choroiditis, and when associated with cataract, renders this operation peculiarly perilous, a connection of pathological states recognized long ago, though imperfectly understood. It is alluded to in the works of James Ware, Wenzel, Roux, and others.

Desmarres describes a condition of the vitreous (jumenteux), in which it becomes cloudy, and presents an appearance similar to that of the urine of herbivorous animals. The ophthalmoscopic characters are general disturbance in the transparency of the vitreous, which presents the appearance of being filled with minute specks; fundus yellowish-red; and obscurity of the optic papilla and surrounding retinal vessels.

2. Foreign Bodies in the Vitreous.

Under the above heading, of foreign bodies in the vitreous, we shall consider the subjects of effusion of blood, detachment and displacement of the lens into the humor, cysticercus, and of inorganic solid objects which gain admittance to the vitreous from without.

Bloody effusion into the vitreous varies in quantity, aggregation, and position. It may either take place under the form of a single clot, occupying a declivous place behind the pupil, leaving the rest of the vitreous of its normal transparency, or of greater dispersion, as to entirely destroy the transpicuity of the humor, that the fundus cannot be discerned until weeks have elapsed, and the effusion in a measure broken up and absorbed. The blood poured out has its origin either in one or other of two sources—the retinal or choroidal vessels—and occurs, in some cases, from spontaneous rupture of the vessels, the result of alteration in their walls, produced by inflammatory diseases of the retina and choroid, and especially by posterior staphyloma; in other instances, penetrating and contused wounds of the globe and orbit originate it. Desmarres mentions one case that happened in connection with the hemorrhagic diathesis.

The occurrence of hemorrhage is manifested subjectively by the sudden occurrence of abolition of vision, or the appearance of a dark cloud in the field, according to the quantity and position of the blood effused. The patient feels no pain, perhaps a sensation of fulness in the eye at most. As the clot gives way and is absorbed, the vision correspondingly improves; the dark spots in the field become lighter, often change their position toward its upper margin, by the sinking of the fragments of the broken up clot, the breaking up continuing until their defined outlines are lost, and objects can be seen through them.

The ophthalmoscope readily reveals all these after-changes in the effused blood upon which the rationale of the subjective phenomena are explainable. If the effusion is limited, it can be seen as a dark mass occupying a position in the lowest part of the vitreous humor, and hiding all that part of the fundus below the line bordering its superior surface. In the course of some weeks, the vitreous clears up, and along with it the clot disintegrates, so that its relics can now be discovered as specks, threads, or variously shaped fragments of a

reddish or yellowish color, floating about in the humor, and changing their position with every movement of the eye. It is at this stage that the search may be made to determine whether the blood has proceeded from a ruptured retinal vessel, or from a choroidal rupture. In the first instance, the injury in the walls of the vessel will be seen as a brownish-red colored spot with a centre almost black, which occupies a position immediately above the break. In choroidal hemorrhage, the quantity of blood poured out is usually much larger in quantity, and ocupies a position beneath the retina which is ruptured, but its vessels are seen intact.

When the crystalline lens is severed from its connections with the surrounding structures, and displaced into the vitreous humor, it is then in reality a foreign body, and differs from a fragment of metal occupying same position, in its effects and subsequent history, in that, under favorable circumstances, it can be gotten rid of by absorption, while the metal, if it does not produce phlegmon, remains and becomes encysted. Its position can be determined by the ophthalmoscope, and its removal, if required, effected.

We have already, in a previous paper, dwelt upon the subject of cysticercus in the retina, which will render it unnecessary to say anything further under this heading, inasmuch as a cysticercus in the vitreous presents exactly the same appearances as it does when under the retina.

We shall simply add, that besides the cysticercus, another remarkable entozoon has in one instance been reported by Quadri, as found floating in the vitreous humor, the filaria oculi humani. The subject was a woman thirty years old. Her eye was altogether normal, and the only inconvenience experienced by her arose from the movements of the filaria across the field of vision, producing momentary obscuration, as does a floating opacity.

Next to be studied are those foreign bodies which gain admission to the vitreous humor from without. Most of these are fragments of percussion caps or primers, shot, or little pieces of metal. The entrance is made either through the cornea and cystalline, or through the sclerotica, the foreign body occupying various positions in the vitreous, from a point just behind the lens to the very bottom of the fundus against the retina, according to the force with which it has impinged against the organ. When near the lens, care should be taken that no optical illusion is produced as to its real position, which is sometimes the case, the body appearing to be in front of, instead of behind the lens. Oblique illumination will enable the observer to remove all doubts in this respect. When situated deeper in the vitreous, the ophthalmoscope should be had recourse to early, before the humor becomes opaque by the opacities which always occur and envelope the intruding substance. At this period the object may be seen with defined outlines, lying upon the rosy-red field of the fundus. Later, the vitreous becomes cloudy upon the development of retinal and choroidal inflammation, and the position of the object can then only be determined by the membranous opacities that hide it from sight. There are, however, some exceptions to this, as von Graefe has observed some cases in which no new formation occurred, small or even middling-sized bodies having remained buried in the vitreous, unclouded by the smallest opacity.

The direction taken by the foreign body in its course to the fundus is clearly observable by a track which is bluish-gray by reflected light, and black by transmitted light.

It is of the greatest importance to detect the direction and position taken by the fragment of metal, with a view to its removal, which must be undertaken; otherwise, in the majority of cases, the eye will surely be destroyed, either by chronic inflammation and atrophy, or more rapidly, by the establishment of acute inflammation that runs into suppuration. I have now a specimen of a fragment of a percussion primer before me, measuring three-fourths of an inch long, by a quarter of an inch broad, which was driven to the very fundus of the eye, directly through the cornea and lens. The ease came under my care at a period too late for any effort to be made for its extraction, as the cornea was hazy and the pupil plugged with lymph. In ten days from

the infliction of the injury, suppuration ensued, and the patient suffered such excruciating pain that I punctured the eye, and after little search, seized and removed the body with a pair of forceps. I feel well assured that the bright color and size of the fragment of copper would have rendered its detection the easiest thing in the world when the injury was first inflicted, and its extraction through the sclerotic might have been effected, with hopeful anticipations of a better issue than unfortunately occurred.

[To be continued.]

Hospital Reports.

Jefferson Medical College,
Philad., June 10th, 1868.

Surgical Clinic of S. W. Gross, M. D

Reported by Dr. Napheys.

Lithotomy.

Wm. H., æt. 10 years, who was cut for stone two weeks ago, goes home to-day. All the urine passes by the urethra, and the wound has closed with the exception of a very small point at its lower angle. The boy has not experienced a bad symptom, and his general health has been greatly improved by the operation.

Hare-Lip.

John L., aged 5, has a cleft of the upper lip to the left of the mesial line. The affection in this case exists in its most simple form, and consists merely of fissure of the vermilion border of the lip, extending up to the gum. The edges of the gap are rounded off, the inner being somewhat thin and short, while the outer is longer, plump, and runs in an oblique direction downward and outward. The deformity has evidently just stopped short of complete cleft involving all the tissues of the lip up to the nares, for there is a deficiency of the connective, adipose, and muscular structures, as the entire thickness of the lip is very slight and consists only of mucous membrane and skin. This deficiency is shown by a somewhat concave groove, which ends at the nares.

Hare-lip, so termed from its fancied resemblance to the lip of the animal from which it takes its name, but from which it differs in that the cleft is always on one or both sides of the mesial line, while in the hare it is seated in the mesial line, is a congenital affection, due to an arrest of development occurring not later than the seventh or eighth week of intra-uterine life. Its causation may be explained by a reference to the development of the fœtal superior maxilla. For surgical purposes each upper jaw-bone may be considered to consist of two pieces, the lateral or true mass and the intermaxillary portion, which are separated from each other by the incisor fissure, which passes outward from the incisor foramen to the alveolar border in front of the canine socket. The piece in front of this fissure is known as the intermaxillary bone, and bears the incisor teeth, being analogous to the premaxillary bone of mammals, in which it forms a separate bone. The lip is developed in the same way as the bones which it covers, or in two portions; so that it is easily to comprehend that if the true lateral mass of the superior maxilla does not fuse with the intermaxillary or incisor portion, the soft parts will not coalesce, and a clef tmust result, which will be exactly in the line of the incisor fissure, or about one quarter or a third of an inch to one side or both of the median line. It will also be understood from these anatomical facts how the deformity of the lip may be single or double, simple or complicated by cleft of the alveolar arch, or of the hard and soft palates. Whatever be held as the existing cause of the affection, be it deficient nervous or vascular supply, or maternal diseases or impressions, the latter influence can have no effect in the production of the deformity—and the ignorant are prone to consider that maternal impressions upon the fœtus in utero are the efficient agents in the causation of the cleft—unless it acts before the completion of the second month of gestation, at which time the lateral and anterior masses of the bone have become fused together.

Being a congenital affection, the cleft, when complete, be it complicated or not, must interfere more or less with sucking and deglutition, and, as the child advances in years, articulation is defective, and the teeth are irregularly developed. It, therefore, becomes an interesting and important question to decide at what age an operation for its relief can be practised. Experience proves that the best period is before the first dentition. In simple cases, when the general condition of the infant is good, the operation may be performed at any time between the third and sixth week; but it should be delayed if the patient be weak and badly nourished. Under favorable conditions Dr. Gross would not hesitate to operate within the first seventy-two hours, and always prefers to proceed before teething. In children that are feeble and not well nourished

it is essential to the success of the operation that their strength be brought up to the proper standard.

Chloroform having been administered, the lip was detached from the gums as high up nearly as the nose, as a preliminary measure. An incision with a sharp knife was next made from the nares on each side of the cleft, including its margins, care being taken to remove rather more than would at first sight seem absolutely necessary, since free paring of the edges gives much better success than the removal of too little tissue. The cut surfaces were then approximated by three twisted sutures and one interrupted suture, the first pin being inserted at a level with the red border of the lip; the second through the middle, and the third just beneath the nose, the interrupted stitch including the mucous membrane of the prolabium. All of the sutures were introduced deeply through the substance of the lip and one-third of an inch from the edges of the wound.

The upper and middle pins will be removed at the end of seventy-two hours, and the lower at the expiration of the fourth day. The interrupted suture will be taken away in forty-eight hours. In younger subjects, the pins should be removed earlier, as in these patients they are liable to ulcerate out. In all cases, however, the surgeon should be guided by the firmness of the union. The threads employed in making the sutures must be permitted to remain until they become loosened, as they answer an excellent purpose in maintaining coaptation. No particular after-treatment will be required.

Hydrarthrosis of the Knee.

Mark B., aged 19, has a very palpable swelling of the left knee, which is apparently twice as large as its fellow. About five years ago he was hit on the knee by a stone which was thrown at him. This blow, however, was not followed by tumefaction although there was some pain, and he still continued to go to school. Last March he fell into a culvert striking on the same knee, which began to swell.

There is now increase of temperature of the part. The pain is worse at night and in damp weather, and is of a boring character. The joint is more comfortable when the limb is in an extended position. The pain is not very much increased by walking. In the morning the limb is quite stiff and he is a little lame during the day. The leg cannot be flexed upon the thigh without producing suffering. There is no enlargement of the subcutaneous veins. The swelling is of a globular shape, furrowed in the middle, rising up above and extending along the sides of the patella; it fluctuates, and is larger when the leg is flexed.

This is a case of hydrarthrosis of three months' standing. About all movable joints there are large synovial sacs or membranes. The synovial sac of the knee-joint is the largest in the body. It extends up from two and a half to three inches above the condyles of the femur, beneath the tendon of the quadriceps extensor cruris, and down to the articular surface of the tibia, beneath the ligament of the patella. Dropsy of the synovial bursa which sometimes takes the place of the upward extension of the synovia membrane, and is quite separated from the articulation, may give rise to a somewhat similar swelling; but this is distinguished from hydrarthrosis, by the fact that the tumor is limited to the space above the patella, while that bone itself is always in contact with the condyles. In this case the tumor is not confined to the region above the patella; it is seen bulging out on each side of the knee, the tendon of the quadriceps extensor muscle dividing it into two portions, separated by a distinct furrow.

Hydrarthrosis occurs most frequently in persons of a rheumatic or gouty diathesis. This boy has never had rheumatism, but his father is subject to rheumatic attacks.

The synovial membrane of the joint, which, in a state of health, is smooth and glistening, would now be found on inspection preternaturally vascular, or in an hyperæmic condition. If the morbid action were allowed to continue and become chronic, there would be found, in addition to this vascularity and increase of the natural secretion of the parts which constitute dropsy, a thickened state of the synovial membrane, with patches of lymph effused upon it. The disease becoming still more chronic, it would be discovered on dissection that the little villi, or vascular tufts upon the synovial membrane, had very much increased in size, giving rise to little tumors containing synovial fluid. Occasionally when these cases have existed for a length of time, it will be found on making pressure and endeavoring to elicit fluctuation, that there is an unevenly hard and soft surface, which is due to the presence of these enlarged villi.

In this instance the inflammation is subacute. If the fluid were drawn off it would be found to be of a straw color, coagulating under heat, and corrosive sublimate, precisely like the fluid of hydrocele. The case might be treated by the application of blisters in the first place. Inas-

much, however, as the effusion depends upon debility, an enlarged and relaxed condition of the vessels, which would thus be still more relaxed and dilated, the employment of blisters in either acute or chronic synovitis is not attended with much benefit. Dr. Gross has also endeavored in hydrarthrosis to avail himself of the alleged power of glycerine to produce capillary drainage by exosmosis, as recommended by Dr. John H. Griscom, of New York, but without any result. This effusion will be treated by firm, systematic compression. Compresses of old linen or muslin will be placed around the joint and a bandage applied from the toes up, to prevent œdema of the foot and lower portion of the leg. In the course of a few days the bandage will become loosened through the absorption of the fluid; it will then be applied again and the treatment thus continued. In addition, he will be placed upon the very best of all absorbent remedies, the iodide of sodium, three grains, with one-twelfth of a grain of tartar emetic and one-eighth of a grain of corrosive sublimate, three times a day. The boy will be kept at rest.

If this treatment does not succeed, the tincture of iodine, diluted two-thirds, will be injected to produce obliteration, as recommended by Bonnet, Velpeau, and Bauer. An excellent mode of making compression is by means of adhesive strips covered with gum ammoniac and mercurial ointment, as by this means a sorbefacient is also brought directly in contact with the skin.

White Swelling.

Lena ——, æt. 6. This child presents herself on account of strumous articular osteitis, or tubercular inflammation of the lower end of the thigh bone of the right side, giving rise to the disease known as white swelling. The child has a fair complexion, gray eyes, light hair and long eyelashes, belonging to the tubercular type of the scrofulous diathesis, which is characterized by fine connective tissues and impairment of strength.

There is increased heat of the part. The subcutaneous veins are prominent beneath the skin, but small, not enlarged and tortuous, as in encephaloid. The pain is greatest on pressure being made on the inner side of the bone. The swelling is almost confined to the inner condyle. The lower limb is emaciated and there is great contraction of the hamstring muscles. The child starts in its sleep, crying out with pain. This indicates the second stage of strumous disease of the knee-joint, which is chiefly characterized by retraction of the hamstring muscles and darting pain at night. These pains are due to inflammation of the bone immediately under its articular lamella. In this case there is distinct fluctuation, showing that the morbid action has extended to the synovial membrane.

It will put the child in the best possible condition for cure to divide the retracted tendons and bring the limb into a better position. So soon as the superficial layer of the bone becomes inflamed, the nerves of sensation react upon the nerves of motion, and the hamstring muscles are brought into action and pull the tibia forcibly against the articular surface of the femur. This occurs so soon as she sleeps, volition being gone. Inflammation is thus kept up. In the treatment of the inflammation rest of the joint is essential, but here there is only apparent rest. In order to put the joint really at rest, *i. e.*, to keep the head of the tibia from being spasmodically forced against the inflamed articular surface of the femur, it is necessary to divide the hamstring muscles and place the limb in a splint. Tenotomy is the most valuable remedial agent known against the spasmodic action of these muscles. In this case the biceps is more particularly contracted. It will therefore be divided, as well as the band of fascia lata which is inserted into the head of the fibula, and serves to keep up contraction. The rule is always to divide wherever there is found much contraction.

The operation of tenotomy is a simple one. It was reduced to a science by Stromeyer, of Hanover. It is to be looked upon in this case as an antiphlogistic measure.

Chloroform was administered, and the biceps and fascia lata divided subcutaneously. The peroneal nerve which runs in close proximity to the tendon will not be endangered if care be taken to insert the tenotome close along the side of the tendon. By extending the leg as firmly as possible it may be felt as a hard cord on the inner side of the tendon. If divided, its extremities will have become united in a few months and its functions restored. Some peri-articular adhesions which existed were broken up. A bandage was applied from the foot upwards and a splint made of binder's board, extending from four or five inches above to six inches below the joint, was then adjusted and confined.

The child was ordered to take eight drops of the tincture of the chloride of iron, along with two drops of Fowler's solution and one grain of quinine, three times a day. She will have plain, nutritious food and be kept in the fresh air. The bowels will be kept regular. Should local symptoms of inflammation set in, the joint will

be medicated by a strong solution of acetate of lead and opium.

Phimosis Simulating Vesical Disease.

This boy, æt. twenty-five months, has suffered from symptoms of stone in the bladder for four months. He passes water frequently, probably every hour, and it comes away in drops, rarely in a full stream. Micturition is attended with straining. The prepuce is elongated, and he is constantly pulling at the parts. He has never passed any blood and there is no prolapsus of the rectum.

Stone in the bladder is very common at an early age. One-third of all the cases occur before the seventh year and one-half before the tenth year of age. Whenever, therefore, in a child there are found symptoms of vesical trouble, the presence of a stone may be suspected, and the operation of sounding should always be instituted. Other vesical troubles are rare in children. It is fortunate that children recover so readily from lithotomy, as they are so frequently the subjects of this disease. This child has been sounded by two physicians, who thought they detected a stone. The child was placed under the influence of chloroform and the sound introduced. No stone could be found. The end of the sound moved over a space of about one and a half inches of roughened surface, feeling like a calculous deposit on a thickened mucous membrane. The preputial orifice is much smaller than it ought to be, and it is probable that the urine being retained from this cause, the mucous coat of the bladder has become thickened and the seat of a phosphatic deposit.

The question of the existence of a stone should never be decided by the first examination. The patient should always be sounded several times before passing judgment. He should be sounded when the bladder is full, when partially full, and when empty. Sometimes when the bladder is empty the folds of mucous membrane fall over the stone encysting it, as it were, so that it eludes search. Circumcision was recommended for the relief of the trouble.

—— "What is your notion of a true physician?" asked a medical professor of a student; to which the latter replied, "He is an unfortunate gentleman, who is every day called upon to perform the miracle of reconciling health with intemperance."

—— Von Graefe, the Prussian oculist, promises restoration of sight to the Rev. Mr. Milburn,—formerly known in this country as "the Blind Preacher and Lecturer"—who is under his care at Berlin.

Editorial Department.

Periscope.

"Position" in the Treatment of Chloroform Poisoning.

Dr. E. L. Holmes, Lecturer on Diseases of the Eye and Ear in Rush Medical College, and Surgeon to the Chicago Charitable Eye and Ear Infirmary, has the following remarks in the *Chicago Medical Examiner:*

"The subject of anæsthetics does not fall specially within the province of your Committee on Ophthalmology; and yet, there are a few points, which I consider of some interest in connection with the administration of ether and chloroform in ophthalmic surgery.

I have observed a few facts, in operating upon the eye, which I deem of very great importance, as bearing upon the treatment of patients presenting alarming symptoms during the inhalation of chloroform. It is not my object to discuss the comparative danger in the use of chloroform or ether, nor the circumstances upon which the danger depends. It has been my fortune to observe the administration of both agents in a very large number of cases, under the care of many different and eminent surgeons. I have also administered chloroform more than 400 times myself. Till quite recently, I had never witnessed a single case in which there was any apparent danger to the patient.

Some time since, two male adult patients, to whom I administered chloroform, suddenly ceased breathing, the pulse at the wrist becoming at once imperceptible, the sound of the heart, however, being audible to the ear placed upon the chest. The removal of the chloroform, alternate pressure and relaxation of the chest, and cold water thrown upon the face, speedily aroused the action of the heart and lungs.

I may state that in administering ether to a patient 76 years of age, the respiration suddenly ceased, though the pulse, very much reduced in force, continued. The appearance of the patient was alarming, the countenance being somewhat livid, cool, and haggard in expression, and the eyes rolled upward. It required considerable exertion to restore the patient.

Every surgeon has, not unfrequantly, observed that chloroform produces considerable pallor, prostration in the action of the heart, arteries, and lungs, apparently without any imminent danger. In all such cases, as well as in the two

just described, the danger seems to depend entirely upon syncope. I have never witnessed a case in which there was turgidity of the vessels and redness of the face, in which there was not also a regular pulse, and a regular, though often stertorous respiration, causing, perhaps, a peculiar heaving motion of the head. On several occasions, as I observed this tendency to syncope, although I saw no reason for alarm, I directed, experimentally, my assistants to raise the foot of the table sufficiently high to place the patient with the head downward on an inclined plane of at least 40°. I found, invariably, that the pulse at once became fuller and more frequent, and that the color returned to the face.

Subsequently, in administering chloroform to a patient at the Chicago Charitable Eye and Ear Infirmary, the breathing and pulse, almost without warning, suddenly ceased. Although the pulse and respiration had been quite good, there still had begun to be a peculiar 'cold respiration' upon the brow, and a cold, moist condition of the hands, which I attributed to the depressing influence of fear, under which the patient was laboring. I was watching the patient most carefully, thinking in this condition he should receive no more chloroform, when he ceased to breathe. His aspect was most appalling; the face and hands were cold and wet, the features pinched, muscles of the face relaxed, lids half-opened, and the cornea turned upward. The foot of the table had not been raised fifteen seconds, the tongue having at once been withdrawn, before the pulse reappeared at the wrist and the respiration was reëstablished. Upon restoring the patient to the horizontal position, the pulse and respiration again ceased. The elevation of the foot of the table, however, again reëstablished the action of the heart and lungs.

Some time after this occurrence, precisely the same symptoms appeared during the inhalation of chloroform. The patient was a young, strong man. In this case the pulse, for a few minutes, was growing less frequent, although the breathing continued quite strong and regular, till, without further warning, the pulse and breathing suddenly ceased. The appearance of this patient was as frightful as in the case of the other just described. A similar mode of treatment restored, at once, the action of the heart, some seconds passing before the respiration was fully reëstablished.

I have had an opportunity, at the Infirmary, of demonstrating, experimentally, to students and physicians, more than thirty times, in cases where there was no apparent danger, and yet where there was a tendency to pallor and weakness of the pulse, that, in the position I have described, the cheeks became instantly flushed and the pulse stronger.

In administering chloroform, I always use a napkin, folded several times, upon which the anæsthetic is poured in small quantities at a time, care being taken that a free current of air can pass to the mouth under the napkin. The patients are always in a horizontal position. I watch, with great care, the condition of the pulse and respiration; and yet, it is sometimes somewhat difficult to distinguish the difference between the effects of fear and those of the chloroform.

Whatever may be the obscure causes of fatal results from the use of chloroform, I believe the danger, in by far the greater proportion of cases, depends upon a tendency to death by syncope. To overcome this tendency, it is necessary to stimulate the nervous centres. This may be done by causing a column of blood to press upon the vessels of the brain. It is not sufficient to remove the pillow from the head and place it under the hips. It is necessary that the whole body be placed upon a steep, inclined plane, to force as much blood as possible, by gravitation, into the brain. I believe this is of more importance than any of the methods usually described by writers on the subject. It should take precedence to the withdrawal of the tongue, artificial respiration, galvanism, or stimulants. This remedy can always be applied without delay, and can be followed by any others which may seem desirable.

I have dwelt upon this subject of position, because so little is said upon it, either in the best works upon anæsthetics, or in the reports of the treatment of fatal cases, as found in medical journals. We have reason to believe that very few surgeons or obstetricians have ever placed a patient in the position described, in cases which threaten to terminate fatally.

I have employed large and frequent doses of bromide of potash, as recommended by Dr. Stone, both before and after the administration of ether, as also of chloroform, to prevent nausea, but have not observed any beneficial result. It is highly desirable to possess some agent to prevent nausea and vomiting, especially in the extraction of cataract, since the vomiting may cause the expulsion of the vitreous humor, and protracted nausea, and consequent loss of appetite, may prevent union of the corneal wound, by impairing nutrition."

Prosecution of Medical Men.

The following extract is from a sensible article by S. M. Whipple, M. D., in the Transactions of the *New Hampshire Med. Soc.* for 1868, and contains facts which every physician ought to think over.

"The community do not seem to understand that by encouraging prosecutions of medical men they are endangering their own safety. Such prosecutions can have only one tendency, and that is to demoralize and to break down the medical profession, the only and last resort we all have in sickness, in accident, and to mitigate suffering, and to soothe the pangs of death. Are the community prepared to dispense with their aid at these trying scenes, or even to do that which would make their services less efficient? Just so long as there are cases of fracture, just so long will there be cases for prosecution. As all injuries cannot be made perfect, surgeons will have an exorbitant fee for such risks, or decline the responsibility.

"But lawyers and disaffected patients, learning it to be an easy matter to plunder the medical profession by means of suits of this character, and that many of its own members can be made their willing allies, will not be disposed to forego its free application wherever and whenever a favorable opportunity presents, notwithstanding the damaging effect such prosecutions may have on the community at large. If surgery was a demonstrable science, and a fair amount of skill and application could reduce it to a certainty, then any deviation in its application to fracture from a perfect cure, would show incompetency in the surgeon, and that he was not master of the science. But surgery has not yet attained that position among the sciences which will command anything like certainty; and statistics from the practice of the most skilful surgeons abundantly show this fact. Then why will physicians guarantee, and the community expect and require prosecution from an imperfect science? Simply because they do not understand it, and will not awake to see their impending danger. We believe, with the *New York Medical Gazeette*, 'that these prosecutions are frequently malicious prosecutions, and successful only through ignorance in the bench, bar, and jury-box.'

"Be this as it may, it seems to me that a great reform must be made in surgeons themselves. They must stop making unfriendly criticisms of the practice of others, and cease encouraging and testifying that in a great majority of cases broken limbs may be made perfect, while the fact is not so.

"Criticisms and fault-findings and scandal among physicians, with regard to each other's practice, have become proverbial; and it cannot be expected that we can be respected by the community until we learn to respect each other and the principles of our own profession. We all soon will learn that 'place and power' will become important to protect any one in the profession from being swallowed up by the unpalatable dose which has been so freely prescribed to our less favored brethren. Nor can we say that justice is wholly blind in this matter; for, while some have been taught their own weakness and mutual dependence, the whole profession has been roused to a sense of its own danger—urged by dire necessity to seek ways and means to allay the storm which threatens not only the personal prosperity of surgeons, but the welfare of the whole suffering community.

"A citizen cannot perform the duties of citizenship under duress; neither can a surgeon perform the various operations of surgery, continually subject to menaces and threats of prosecution for alleged mal-practice. For the small fee awarded for such services, we cannot be expected to encounter such heavy risks. As all are more or less concerned in this matter, let us awake to a true sense of this growing evil, and speedily apply the remedy. With Horace, we say, *Interdum vulgus rectum vidit.*

Carbolic Acid in Typhoid Fever.

Dr. Fergus writes to the *British Medical Journal* that there can be no doubt as to the great value of carbolic acid as a disinfectant in various epidemics. I wish to call the attention of your numerous readers to its use as a remedial agent in enteric fever.

More than a year ago, a medical friend asked me to see his child, under two years of age, suffering from a severe attack of fever of the enteric type. The diarrhœa was excessive, and of the usual character. We could not bring it under control by the usual remedies, and our patient appeared to be sinking, when I suggested the use of Calvert's crystallized acid in half-grain, afterwards increased it to two-thirds grain doses every three hours. The child took the medicine in sugar and water without difficulty. In less than twenty-four hours the character of the stools was changed; they became much darker in color, and of a more consistent nature. In a day or two, we had no more trouble with the diarrhœa; and our patient, after having been considered hopeless by more than one medical man, recovered.

Two older children were attacked: the acid was at once administered; and the disease was not nearly so severe or prolonged as in the first case.

My object in giving the carbolic acid was, that it might act locally on the glands and mucous membrane of the small intestines; from the immediate change in the character and frequency of the stools, I have no doubt it did so. In the next two cases, I think it checked the disease, and prevented its running its full course. Since then, I have used it in several cases; and I have a strong impression that it cut short the disease.

Of course, it is difficult to prove that the cases in which the drug were given would, if left to themselves, have run the usual course of typhoid fever. This, however, I must say, that they presented all the symptoms of the early stages of the disease, and were, in my opinion, cut short by the use of the carbolic acid.

I write this, that my experience may be tested by others, as it is only by the use of the medicine in a large number of cases, that its value can be ascertained.

Several months ago, Mr. Dunn, druggist here, made me some capsules, containing each two and a half grains of carbolic acid. I find them very useful; they are still as perfect as when first made.

Prophylaxis of Yellow Fever.

The following directions for the use of captains of vessels trading with tropical countries subject to yellow fever, have been handed us by a correspondent. They are by Alexander Fiddes F. R. C. S., Edinburgh, formerly of Jamaica, West Indies:

"When a ship has to leave a northern port, American or European, for the West Indies, where yellow fever is endemic, and occasionally epidemic, it is necessary that every precaution should be taken to protect the crew against the invasion of this disease—and among the precautionary measures most worthy of adoption, the first and foremost is the free ventilation of the berths of the sailors—without the fulfilment of this necessary precaution and requirement, the health of ships' companies in tropical climates must be imperilled; and so strongly am I impressed with this fact, that in cases in which the construction of the ships has been defective as to the accommodation afforded to the seamen, I have always considered it better that the sick should remain on deck, under an awning or cover, by day and by night, than remain below in a badly ventilated compartment. Next to perfect ventilation, I would put cleanliness, in the fullest sense of that word. Cleanlinesss of body, obtainable by daily ablution of the skin, and cleanliness of the clothing, and bed-rugs. Before the sailing of the vessel from her port of departure, the captain should ascertain that the medicine chest contains such articles as might be required in the event of yellow fever appearing among the crew—of these the most important are sulphite of magnesia or of soda—the sulphate of quinine, calomel, castor oil, blistering plaster, epsom salts, magnesia, carbonate of soda, aromatic spirit of ammonia, and extract of colocynth.

In the event of yellow fever appearing on board a vessel sailing within the tropics, the main agent to be employed is the *sulphite* of magnesia, or the sulphite of soda, this being the most potent remedy hitherto discovered for arresting fermentation and dissolution of the blood. But prior to commencing the use of it the stomach and bowels should be cleansed of all offensive secretions, by the administration of ten grains of calomel, and the same quantity of the extract of colocynth, followed by a dose of castor oil if necessary.

In other cases, where there is no evidence of biliary derangement, a single dose of castor oil might be sufficient without the calomel and colocynth. There is no beneficial object to be gained by severe purging, for the organism having to contend with a most depressing poison, it is important to husband the strength, and not to lower the vital powers; still the stomach and intestinal canal should always be cleared, as a preliminary step to the administration of the sulphites. As soon as the bowels have acted freely, the use of the sulphites should be commenced immediately, and this medicinal agent should be given in full doses—20 grains every two or three hours—and it should be administered in this quantity with great punctuality by day and by night so as to ensure and maintain saturation of the blood. No other medicines should be given in conjunction with this remedy, in case they might counteract or neutralize its anticipated action, and the quinine or calomel should not be employed in combination with it, because the former is apt to disturb the nervous system, and arrest the secretions, the latter to aid in the disorganization of the blood, already threatened by the presence of a specific poison.

During the administration of the sulphite, and throughout the whole course of the disease, the vital powers should be carefully supported by beef-tea, chicken-tea, mutton-broth, and farina-

ceous articles in small quantity, always remembering that nature has to maintain a struggle with a most depressing poison, which tends to lower and reduce the powers of life. Upon this rational view of the nature of yellow fever, the use of small quantities of sound French brandy throughout the disease is evidently indicated, and the stimulant should be given in small quantity at a time, but frequently repeated, say two or three teaspoonfuls every two, three or four hours according to the strength of the circulatory system. The brandy should be given in a small quantity of water—a large wineglassful—and care should be taken that the stomach is not over-distended, by the patient drinking large quantities of water; it is always better to drink water in small quantity, and if possible, to have that well iced—indeed when ice can be procured, it always acts as a potent agency in calming the stomach, and relieving the feelings of internal distress. In all cases where there is much heat of skin, and where the pulse has a fair amount of strength, I invariably combine with the sulphites the external application of a wet sheet. This is wrung out of very cold water, encircled around the body, and changed every hour, or as often as it becomes dry, the head being at the same time enveloped in a wet towel.

In cases where the skin is dry and without softness, but not very hot, and where the vital powers are below par, the vapor bath is oftentimes extremely useful—eliminating poisonous matter from the blood, without weakening the strength. The vapor bath is easily made, by placing a cradle and blanket over the body, and burning a spirit lamp underneath for a quarter of an hour. The vapor bath is well adapted to cases in which there is much depression of the nervous and circulatory systems, with passive congestion of the kidneys and other internal organs. The great point to be attended to in this management of yellow fever is to commence the use of the sulphites as soon as the character of the disease is recognized, and to use it freely, and with punctuality, in the proper doses, from the first invasion of the disease to the termination, avoiding any mixing up or jumbling of the agent with other therapeutical remedies.

The use of the cold wet sheets, or of the vapor baths, must be used according to discretion; the land-mark for their employment or non-employment being the temperature of the skin and the state of the pulse.

When the skin is hot and dry, with the circulatory powers unreduced, the use of these agents has often the most salutary effect; but when the skin is not hot, but soft and open, their use is evidently not required, but in most cases of yellow fever, they will prove a powerful auxiliary to the sulphites. The construction (?) of the sulphurous acid with the wet sheets and vapor bath, together with the appropriate use of the other agencies which I have indicated above, have proved far more successful than any other method, which I have employed myself, or seen practised by others, and I can with great confidence recommend its adoption to the medical profession of the world, as the most rational, and the most efficacious means which have yet been devised for the treatment of yellow fever."

Reviews and Book Notices.

NOTES ON BOOKS.

Lindsay & Blakiston, of this city, have in press, and will shortly issue "A History of the Medical Department of the University of Pennsylvania, from its Foundation, in 1765, to the Present Time, illustrated by Sketches of the Lives of Deceased Professors," by Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in that institution. The second volume of Aitken's "Practice" will, it is understood, be ready early this month. They will also publish, during this month, Dr. Sœlberg Wells' complete work on "Diseases of the Eye, with illustrations," and Dr. Beale's new volume on "Kidney Diseases, with illustrations."

They have also issued a copious catalogue of their own medical publications, to which they have appended a classified list of all the more important works on medicine and the collateral sciences published in the United States, and now in print.

James Campbell, of Boston, announces that early in October he will issue a second edition, with additional cases, of a little work, which attracted much attention from the medical profession two years ago, when the author, Dr. D. W. Cheever, of that city, had it privately printed. It is entitled, "Œsophagotomy, for the Removal of Foreign Bodies"—an operation which, it is claimed by the author, "can relieve a fellow being from exquisite suffering, and from extreme peril, and deserves its place among operations of necessity, and not of expediency."

The celebrated expert, Tardieu, of Paris, has received an appointment from the Imperial Academy of Medicine, to write a popular essay on hydrophobia.

The Science and Practice of Medicine. By Wm. Aitkin, M. D., Edin. Second American, from the Fifth Enlarged and Carefully Revised London Edition, adopting the new Nomenclature of the Royal College of Physicians of London, with large Additions, by Meredith Clymer, M. D. In two volumes. With a Map, Lithographic Plate, and Numerous Illustrations on Wood. Vol. I. Philadelphia: Lindsay & Blakiston. 1868. 8vo., pp. 927. cloth. *Price* (for the two vols.) $12.00.

For a complete exhibit of medical knowledge as it now exists, we know of no work superior, or at all equal to this, except Virchow's *Handbuch der Therapie*, which is not yet concluded, and is likely to be a whole library in itself. Dr. Aitkin's Practice at once took the very first rank among works of the kind, and the present edition is sure to maintain that position.

The fifth London edition was increased by fully one hundred pages from the hands of the author, and the American editor, with his well-known energy, has not allowed anything new and valuable to escape his notice.

It is but just to him, and will have its value to our readers, to quote from his preface, the additions made to Dr. Aitkin's fifth edition. They are, in all, equal to three hundred pages of the London edition.

"They will be chiefly found under the heads of: Lardaceous Degeneration, Vaccination, Measles, Erysipelas, Typhoid, Relapsing, Yellow, and Malarial Fevers, Dysentery, Malignant Cholera, Malignant Pustule, Syphilis, Pathology of the Dietic Diseases, Scurvy, Parasitic Diseases, Rheumatism, Gout, Chronic Bright's Disease, Cancer, Tuberculosis, Diseases of the Nervous System, Diseases of the Heart and Lungs, the Sphygmograph, Pyæmia, Diseases of the Digestive Organs, Diseases of the Kidneys, and Diseases of the Cutaneous System.

"They also include *twenty-two new articles* upon subjects not treated of, or only incidentally mentioned by the author, namely: Camp Measles, Spinal Symptoms in Typhoid Fever, Typho-Malarial Fever, Chronic Malarial Toxæmia, Chronic Damp Dysentery, Cholera Morbus, Cholera Infantum, Hereditary Syphilis, Gonorrhœal Rheumatism, Corpulence, Physical Diagnosis of the Diseases of the Brain and Spinal Cord, Delirium of Inanition, Chronic Alcoholism, Epileptiform Neuralgia, Auscultation in Health and in Disease, Capillary Bronchitis, Plastic Bronchitis, Dilatation of the Bronchia, Fibroid Degeneration of the Lung, The Inoculation of Tubercle, Chronic Pyæmia, Syphilitic Disease of the Liver."

It will be hard to find in the range of maladies, or in the means devised for their relief, anything which has escaped these capable hands; and we can fearlessly recommend this work as worth a whole library of medical books to the practitioner. The appearance of the second volume will be duly announced.

Criminal Abortion: its Nature, its Evidence, and its Law. By H. R. Storer, M. D., and F. F. Heard. 8vo. pp. viii., 216. Boston: Little, Brown & Co. Cloth $2 25; sheep $2 50, for sale by J. B. Lippincott & Co.

We have at divers times spoken of Dr. Storer's works, and have not been able always to give them the praise we would like. He is devoting himself to opposing a great evil. For this we honor him. Is he doing it in the most sensible and effective manner? We have not been free to reply in the affirmative.

His two former books for popular reading were witten in a style which made the judicious grieve, and hurt their usefulness among the masses. To speak plainly Dr. Storer's faults are egotism and affectation. Apart from these, he writes well, and as for his knowledge of the subject, it is complete except when he is blinded by his enthusiasm.

In the present work he has rendered a real service to the public. He has laid down the character of the crime he attacks, and points out clearly the medical and legal processes by which a culprit can be brought to punishment. We hope it will be extensively read, and may be the means of terrifying many an abortionist into a better life.

The first part, exclusively medical, is by Dr. Storer. It occupies the greater portion of the book and displays both the merits and defects of the author in strong colors. What but affectation is it to put a small wood cut of a cross on the title page of a book, and speak of "marking its face with the sign of the cross?" What is it but egotism for an author to speak complacently of his efforts as "shaking society, throughout our country, to its very centre." Dr. Storer even forgets his grammar in thinking of himself. In one single chapter he speaks in both numbers and two persons. Sometimes it is "we ourslves," again "I myself" and finally "the writer himself." This is *ego egomet ipse*.

Dr. Storer's statistics while valuable as tentative efforts are open to the suspicion of all statistics collected in order to prove a particular view. We have previously on several occasions pointed out the uncertain basis on which they rest, and that element of uncertainty is not removed by the present work. The correction (?) on p. 35, of a statement in this journal, we should like our readers to compare with Mr. Appollonio's own words, in the last but one of his Reports.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 10, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

A QUESTION IN ETHICS.

Is it wrong to prevent conceptions? This is the question which we propose to discuss at the request of one of our correspondents. It is delicate, but we intend to speak of it plainly. It has been ignored by most of the later medical writers of eminence, but in the business of the physician it is one of daily recurrence.

As we have said, we are led to do so by a letter lately sent us. The writer, a reputable and conscientious physician, puts his difficulty as follows:

"Can you instruct me through the columns of your valuable journal what to do in the following case:

"Mrs. R——, aged 26. Married five years. Was twice confined, gone at full term of gestation, and in both confinements had to undergo the painful operation of craniotomy, due to a uniform smallness of pelvis, or rather contraction of its brim. Mrs. R—— was barely snatched from the grave in her last accouchement. Now she calls upon me to do something for her to prevent conception. What can be done for her? Or is there nothing to prevent her from becoming in a former perilous condition if she obeys the laws of married life?"

So far as this case is concerned we feel no hesitation in expressing our opinion that it is right and proper to prevent her from becoming pregnant. No obstetrician hesitates to perform craniotomy, or the operation for abortion, where it is manifestly impossible for the child to be born alive; *a fortiori* therefore he should not hesitate to protect his patient from the necessity of these dangerous operations.

But while no one will be apt to dispute this position there are many other and less direful contingencies where the physician is asked for means to avoid fecundation. Take the case of mothers already greatly weakened by excessive child bearing, or that of those whose pregnancy is a nine months torture, or where family and social circumstances render it urgently advisable to postpone child-bearing, or where a condition of disease exists either in the male or female parent which both are anxious should not affect the offspring. In such instances what is the physician's duty?

We may look for answer either to the laws of physiology or the precepts of Christianity. In the latter we find absolutely no direct or indirect injunction. It is true that St. Paul advised wives not to defraud their husbands of the marital privilege, thus opposing the separation of man and wife, but as it is maintained by many physiologists that nature has provided an *agenetic* period, Paul's advice could be observed without other precautions, and yet the marriage be childless.

This difficulty was perfectly familiar to the fathers of the early Church, and they took different sides in the controversies which arose on the point. The object of marriage, the one party, headed by St. Augustine, maintained to be the procreation of children. *Crescite et multiplicamini* was their motto, and some carried it so far as to inveigh against sexual connection during pregnancy, and nursing, as not leading to increase of population. St. Augustine had been a wild young blade even for the profligate Roman world, and it is singular that he should have defended this austere view of marriage, while St. John Chrysostom, who had lived a most ascetic life from his youth up, took the ground that the marital state was provided not only to continue the species, but by the goodness of God for the pleasure of His creatures and the prevention of incontinence. He saw, therefore, no evil *per se* in the limited avoidance of offspring by means in themselves innocent.

In later centuries the Church of the West while providing severe penalties against the destruction of the fœtus in utero, did not enact, nor has it yet enacted any statute against preventing conception. So it is with the Anglican Church, and we believe the Eastern Church also. Malthus, a clergyman of the English Church, and in our own day, the Roman Catholic Bishop Mousset, in France, (Reporter, vol. xvii., p. 177,) Lord Amberly, and other philanthropists and prelates have spoken to the same effect. It is clear, therefore, that there is no unity of opinion among professing Christians on this point.

So far as physiology is concerned, the mere avoidance of fecundation certainly is not known to exert any bad influence on either parent. The vice of onanism of course does and has met reprobation and chastisement from God directly. But to this we are not alluding, nor to those other means where divers kinds of instruments are employed, generally, if not invariably, tending to produce disease and shorten life.

It is granted by all to be wrong as defeating one of the ends of marriage when child bearing is wholly avoided. But there are voices who have raised the question, whether it is not quite as wrong to inflict years of misery, and even an untimely death, on women by over production. Certainly the same care which a breeder extends to his stock, they argue, a shepherd to his ewes, or a herdsman to his cows, our wives have a right to demand of us. Yet how often is it conceded? We blush for our sex when we think of the numerous instances which all of us meet with where too rapid child bearing has hopelessly wrecked the women whom we remember as blooming girls. These facts are urged with a pertinacity which require notice even if we do not deign them a reply.

It is perhaps time that the profession expresses its views on a point which the theologian and the political economist have been debating for thousands of years. From the physician alone the final answer must come, and physiology, not theory, nor prejudice, nor theology, must pronounce the verdict.

Notes and Comments.

Dr. Walter's "Conservative Surgery."

In reviewing this excellent monograph some weeks since, we pointed out certain difficulties in the way of unreservedly accepting the author's conclusions, and also stated that the treatment by incision was not wholly new to surgery. We are glad to publish the following extract from a letter of the author, doing away with these difficulties, and, while granting the adoption of the practice, in a general way, by older surgeons, pointing out in what respects his method differs from theirs.

"I thank you for the notice of my monograph in the Reporter of the 5th inst., but feel aggrieved at the question of the reviewer, 'Are *all* the cases reported in which this method was used, or *only* the successful ones?' The length of time (more than seventeen years) which I allowed to pass by, and the number of cases which I patiently accumulated, before giving publicity to my experience in the conservative field, should, I think, have shielded me from an insinuation of having acted unfairly in the matter. To do this in any profession would be derogatory to the true spirit which should animate its members; but in the medical, it would be even criminal. I feel, therefore, bound in justice to myself, to state that *all* the cases in which the conservative practice had been tried, have been reported, and that no failure—by loss of limb or life—has been the consequence where openness of wound, accompanied with incision of integument and fasciæ, had been early and promptly instituted. As the pages will show, cases have been narrated where the method had failed, not only in preserving limb, but life also, because it had not been timely enough called into requisition.

"I do not know that the same practice (incision of the dermis and fasciæ, for the relief of *tension*, and for the purpose of *evacuating bloody and serous extravasata*—speedily to become septic) in crushed limbs, had ever been promulgated before, and would be thankful to the reviewer to be informed where I could get this information (of 'older surgeons having acted also upon the same theories'). That injured limbs in such conditions, have been incised by other physicians, I will not question; yet I claim that *openness* of wound and its *enlargement immediately* or *soon after* the injury, in the *longitudinal axis* of the member, for the purpose of relieving the tension of fascia and cutis—due to pent-up

blood—which threatened gangrene, erysipelas, phlegmon, and pyæmia, have not, as far as I know, been before insisted on. This is the practice which I may be allowed to consider original, as well as that of incising bruised limbs without *breach* of surface, for the above-mentioned indications.

"Next, the reviewer appears to have misunderstood the tenor of my remarks in regard to gunshot wounds. I suggested similar incisions (in the *long axis* of the limb) in these cases, but did not mean that the *track* of the *wound* made by the bullet, *should be slit open*, as had been done by other surgeons. If ill success had followed this procedure, involving the section of fasciæ and muscles in every direction, the *longitudinal incisions* will be found not only harmless, but serving an *important* indication—that of relieving tense tissues, and giving free exit to primary and subsequent extravasation. They were not proposed with the view of facilitating the extraction of the bullet or other foreign material, but mainly for the purpose of obviating the direful effects which tension of the fasciæ and confined blood and serum are inducing."

Russian Sanitary Regulations.

The government of this country, which in its anxiety to give every freedom to the individual takes few or no precautions to protect the lives of citizens against nefarious tradesmen, might well take a lesson from the "despotism" of Russia. We learn from the *Deutsche Klinik* that a decree has just been promulgated at St. Petersburg forbidding the importation or sale of carpets, toys, or wearing apparel dyed with arsenical dyes. All injurious coloring matters employed in preparing confects or other articles of food, are likewise prohibited.

That this decree may not remain a dead letter, a simple and ready method is given for the detection of arsenic. Let us suppose it is a carpet we are to examine. A piece the size of the finger is cut into fragments, placed in a wine glass, and covered with caustic ammonia. This produces a blue color. After five or ten minutes half a teaspoonful of chloric acid is mixed with the solution, which assumes a bright-green color, with evolution of white fumes. Now a clean copper coin is placed in the mixture. If after five minutes it shows a precipitate of steel-gray color, then arsenic is present, otherwise the copper retains its polish.

Attention is also called to the garlicky smell which substances containing arsenic emit when burnt.

Turpentine as an Antidote to Phosphorus.

The *Archives Gen. de Medecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup, containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition and even the phosphorescence of phosphorus, but the practical application of this knowledge is not so generally adopted as it should be.

Maternal Impressions.

At a meeting of the Society of Physicians at Berlin, reported in the *Deutsche Klinik* for Sept. 5th, Herr Dupré related several instances of maternal impressions. In one, a woman in the fifth week of pregnancy saw a sheep wounded and with its bowels protruding. She was greatly shocked, and did not recover her composure for several days. She was delivered at term, of a child in other respects well developed, but lacking abdominal parietes. Another one saw, in the first weeks of her third pregnancy, a boy with a hare-lip, and not only was the child she then carried born with a frightful hare-lip, but also three children subsequently.

Return of Professor Gross.

From a letter just received from Dr. Gross, Professor of Surgery in the Jefferson Medical College of Philadelphia, we learn that he will embark for the United States on the 3d of the present month, and that he will, therefore, be here at the opening of the session of the school.

The Administration of Ipecacuanha.

We were once informed by a physician of considerable experience, that he had derived great benefit from the administration of ipecac. in one-fiftieth of a grain doses, frequently repeated, in cases of irritable stomach and gastritis. We were reminded of his advice by a late essay of Dr. Weigersheim before the *Gesellschaft für Heilkunde* of Berlin. He says his usual formula for administering the drug is

℞. Rad. ipecac., gr. iij.
Sacch. alb., ʒj. or ʒj. M.

Ft. chart No. xii.

S. One every five minutes in a spoonful of water till emesis follows. Nothing whatever is to be taken in the stomach, no hot water or camilla tea, and usually after the third or fourth powder, free vomiting supervenes. These mi-

nute doses had succeeded in his practice where large doses of stronger emetics had entirely failed. Our observation has long persuaded us that the system is extremely sensitive to the drug in very minute quantities.

Honors to Lænnec.

On the 16th of August, a statue was erected to this great diagnostician at Quimper in France. Discourses were pronounced by Drs. Tardieu, Bouillaud, Kergaradec, Roger, and others.

The Geneva Convention.

The terms of this philanthropic association for relieving the horrors of war, have now been subscribed to by every State of Europe, the States of the Church being the last to accept them. It is now proposed to extend its provisions to marine warfare, and for that purpose a convention was held on the 5th of October, at Geneva, to which delegates were expected from every State of Europe.

Carbolic Acid.

Dr. Ten Brook, of Paris, Illinois, writes to us: "I have been using carbolic acid in several cases of conjunctivitis, both acute and chronic, with much benefit. The cases were generally those that resisted other modes of treatment. Its application produces but slight pain, and its action is prompt.

"The beneficial effects of carbolic acid in burns, aphtha, and ulceration of the mouth and throat, are well known to the profession generally.

"Its value as a remedy in fœtid diarrhœa of children is beyond any agent I have ever used; owing, doubtless, to its astringent and antiseptic properties."

Chloroform.

Chloroform can best be preserved by the addition of a half to a whole part of alcohol. Light will then not decompose it. If pure, it will not alter the color of dampened litmus paper. If free from chlorine, it will not blue paper dampened with the iodide of starch. When mixed with one part of alcohol, its specific gravity is 148° at 17.5° Cent.—Rump, in *Central-Blatt für die Medicinischen Wissenschaften.*

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Death from Podophyllin?

Editors Med. and Surg. Reporter:

A case of supposed poisoning has recently occurred in Rockland County, New York, which is now undergoing investigation, and which has led to grave suspicions of unfair means having been used. A wealthy lady, a widow, about two years since married a man in New York by the name of Gamble; last May they removed from the city to a farm in Rockland Co., where she died on the second of August, after an illness of a week or so. She was buried in Greenwood Cemetery without any religious ceremonies being performed. Afterwards suspicions having been excited as to the cause of her death, the body was exhumed and placed in the hands of Dr. Shepard, of Brooklyn, who made a post mortem examination. Dr. Shepard, it is stated, found nothing to show that violence had been used, and put the contents of the stomach in the hands of Professor Doremus to be analyzed. We are informed that he had partially completed his analysis, and "has found large quantities of *morphia* in the stomach." In the mean time the Coroner of New York went to Rockland County, and commenced an examination of the circumstances attending her death. The following are the only details published, which throw any light on the cause of death.

Mrs. Shaurman testified that she helped to lay the body out, that "body was swollen a little more than was natural, the whole body or stomach was swollen."

Dr. Van Houten testified that he attended the deceased; that he was a physician, 27 years old, and had been 20 months in practice; that he commenced treating her the first part of last June; saw her again about the 25th of July, continued to visit her till she died; that when he first saw her in June *she complained of a pain in her bowels;* her pulse was slightly increased in frequency, said she had not slept for two or three nights; he prescribed morphia, about one quarter of a grain, made into 2 or 3 powders, to give one powder every three or four hours; that he supposed *there was some inflammation of the mucous lining of the membrane of the bowels;* next visit that he gave some quinine and *podophyllin* in powders, that one was to be taken every 4 or 5 hours; he left a morphine powder to be taken at

night. Mrs. G. was in bed "feeling quite well, only a little weak."

The witness went on to say that on the third visit he gave a morphine powder, and an infusion of colombo root; fourth visit opium and podophyllin; fifth visit found her complaining of *pain in the bowels* and fulness about the region of the liver, her pulse was increased, tongue coated and moist. She was restless and could not sleep; he prescribed half a grain of ipecac. and 1 gr. of *leptandrin;* sixth visit, no better, symptoms aggravated, prescribed *podophyllin;* seventh visit prescribed opium, ipecac. and leptandrin; eighth visit, a morphine powder; eighth visit, ipecac and bicarb. soda; ninth visit, no prescription; tenth visit, 1 *gr. morphine and* 1 *gr. opium;* next visit, 28th July, *two gr. podophyllin* to be taken at night! 1st August and last visit, gave *two grains of podophyllin* and ¾ gr. of opium, also prescribed brandy on two occasions.

On cross examination, Dr. Van Houghton testified again as to her having pain in her bowels; that she appeared to be awake half an hour before she died; that he never noticed any smell of liquor about her person; that her bowels were neither constipated nor loose while he was in attendance; that the pain in the bowels seemed to resemble that of colic; that he *gave the podophyllin to operate chiefly on the liver;* that Mrs. G. did not, to his knowledge, *die of any disease;* that he did not hear of any disease sufficient to cause her death; that he had never seen a case of poisoning resulting in death.

This witness afterward testified that he thought the symptoms were owing to the excessive use of liquor, and that he thought her death was caused by intemperance!

He afteward testified that he was not certain about the liquor, and that the certificate he had given as to the cause of Mrs. G.'s death was false and untrue! and was made out and delivered to Mr. G. (the husband) at his request; he also testified that Mrs. G. was delirious at times during her illness.

Remarks. Not long since, the writer was called to see a lady laboring under a mild form of remittent fever, her homœopathic physician being confined to his house by illness. I prescribed quinine, and she speedily recovered. In two or three days, however, not feeling very well, she sent for her old physician; he prescribed *pills of podophyllin, one and a half grains three times a day!* The next day she was attacked with nausea, pains in the stomach and bowels, and great prostration, etc. The podophyllin was continued for three days, when the patient died. These particulars were communicated to me by the physician who attended her.

I also learned from her husband, that she had all the symptoms of irritant poisoning: nausea, pain, tenderness, swelling of the bowels, etc., and that the symptoms commenced soon after the second dose was given.

Is there not good reason to suspect that Mrs. G. died also of *podophyllin.* In the state she was in, two grains of this active irritant poison, and repeated, seems to me the most probable cause of her death. I send you a paper containing a full report of the case, from which you can draw your own opinion. Medicus.

Hysteria Affecting a Male.

Editors of the Medical and Surg. Reporter:

On March 5th, 1864, admitted C., first class fireman, æt. 45, native of England, tall, spare, sallow, and morose.

Had felt "pain in his bones" four days, and experienced a chill on the morning of that day. Eyes were injected, hair disordered, face flushed, pulse feeble and slow; tenderness over right kidney, with pains shooting thence to the head, and in the direction of ureters, micturition healthy; answered listlessly, but made an effort to arouse when sharply addressed.

Prescribed cupping over right kidney. After the second scarification he screamed with all his might; I found him lying on deck, groaning and sobbing; he complained of "a spot of coldness" in the epigastrium, which had now returned the fourth time that day; did not allude to renal tenderness again. I now suspected hysteria; a more appropriate name would be *morbus simulans*, as the symptoms are mostly simulative, and an unrealness is apparent even when the patient's distress is greatest; the disease is not restricted to females, and, therefore, should not be named after the uterus. In six hours he was found quiet in his hammock; pulse slow and of good volume, face flushed, expression anxious, pain in epigastric region, and headache, copious prespiration about the face, and deepening of wrinkles, tongue clean, very red and swollen at the tip, protruded with the tip much curved downwards, passed an abundance of pale urine. Under the use of assafœtida quinine, and iron, he appeared to have become well on the 11th inst. Next morning he presented himself again, suffering a chill; in a few hours the symptoms before detailed reappeared; first he simulated muttering delirium, then he jumped from his hammock and raved about being poisoned, he returned on being ordered, and asked for bread, which he

devoured voraciously; refusing to drink, he was given assafœtida gr. v. in pill. In the evening he was more rational, and complained of cough; was given liq. morph. sulph. f.ʒj. Perfectly rational on the 13th inst., and tenderness was detected over lumbar spinous processes. Applied four dry cups to that region, the patient expressing himself relieved as they drew; ordered tinct. ferri. chlor. gtt. xv. and extr. valerianæ fld. f.ʒss. thrice daily, good diet, and exercise on shore. After about a week he was discharged to duty, and the disease had not returned two months subsequently. The attack was probably dependent upon spinal irritation, which originated from repeated paroxysms of malarial fever. In females a morbid state of the womb, and menstruation, may have an indirect agency in producing the disease, by the transmission of an irritative influence to the spinal cord, through the uterine branches of the sacral plexuses; unnatural excitation of the genitalia may act in the same way, by means of the pudic branches; in an analogous manner tetanus follows certain injuries to the distal end of nerves, and has even been attributed to a "dead fœtus in the womb." Whatever occasions spinal irritation will lead to the affection, if a predisposition exists; though this is rare in males, it is sometimes present, and I have seen two individuals who had the hysterical diathesis.

A. A. Hoehling, M. D.,
Surgeon U. S. Navy, Phila.
U. S. Ironclad Roanoke,
Off Newport News, Va.

Whiskey in the Vomiting of Pregnancy:

Editors Med. and Surg. Reporter:

On the 27th of last May I was called upon to prescribe for a married lady, who had had nausea and vomiting for about six weeks. A careful examination failed to detect any disease of the stomach, or other cause sufficient to account for it, excepting to consider it a sympathetic affection; and as she had not menstruated for two months I at once suspected her to be *enceinte*, but she did not think it probable, having been married for ten years without ever becoming pregnant. Previous to this attack she was in perfect health, but now she suffered from constant sickness at the stomach, which seemed to reject all the food she ate, the nausea not even being relieved by the recumbent position, as she sometimes vomited at night when in bed. I prescribed lime-water, and milk, and chloroform emulsion, but this she said was the quickest emetic she had ever taken. Many other anti-emetic remedies were tried, without the least benefit, though the oxalate of cerium did prevent the vomiting for two days, after which it failed to produce any good effect. Constipation, which was a troublesome symptom, was obviated by the use of simple enemata, as no medicine could be retained by the stomach. Laudanum injections were also advised to relieve the nausea, but without avail. As the patient was weak, and miserable, and continued to grow worse, I gave her some good rye-whiskey, a teaspoonful to be taken with tinct. aconite gtt. iij., ter die, which acted like a charm, the whiskey being the first thing to give tone to her stomach. After taking it two weeks she had sufficiently improved in health to be able to remove to a neighboring state. In a letter received from her husband some time ago, he writes that she is very comfortable, eats what she pleases, and is able to attend to her domestic duties. There is no doubt as to her pregnancy, and she feels very hopeful and happy. She is a lady of great intelligence and refinement; and, according to my experience, such persons are most liable to this affection, and their cases are apt to be of the most intractable character.

J. Y. Dale, M. D.
Centre Co., Pa., September, 1868.

News and Miscellany.

Boys who Smoke.

Dr. Decaisne, (*Bull. Général de Ther.*), in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed thirty-eight boys, aged from nine to fifteen, who smoked more or less. Of these, distinct symptoms were present in twenty-seven. In twenty-two there were various disorders of the circulation—*bruit de soufflé* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drinks. In three, the pulse was intermittent. In eight, there was found on examination more or less marked diminution of the red corpuscles; in twelve, there was rather frequent epistaxis; ten had disturbed sleep; and four had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who were very well nourished, the disorder was, in general, less marked. As to the ages, eight of

the boys were from nine to twelve years old; nineteen from twelve to fifteen. The duration of the habit of smoking was: in eleven, from six months to a year; and in sixteen, more than two years. The ordinary treatment of anæmia in general, produced no effect as long as the smoking was continued; but, when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal.*

Statistics of Births and Deaths in France.

The tables of births and deaths for the year 1865 have recently been published; and from them M. L. de Lavergne, a member of the Institute, makes the following remarks upon their results. The returns in question show that the year 1865 was one of the worst of which the statistics have yet appeared; the causes which had arrested the progress of the population had apparently diminished since 1861, but they reappeared with renewed force in 1865. The return of births and deaths for that year give the following results: Births, 1,006,753; deaths, 921,877; excess of births, 84,866. During a certain period preceding 1848, the average annual excess of births amounted to 180,000; since 1848 it has averaged 100,000; and 1865 falls below that rate. M. de Lavergne states that the diminution does not arise so much from a falling off in the number of births, as in an increase in the deaths; these exceeded 900,000 in 1865, a number only reached in 1849, 1854, 1855, and 1859. The Mexican war was probably a principal cause of the large total in 1865. In thirty-one departments, forming more than one-third of the whole of France, the deaths were actually in excess of the births; and this list includes some of the richest portions of the country, such as the Bouches du Rhone, the two Charentes, Côte d'Or, Girone, Manche, Marne, Seine-et-Marne, Seine-et-Oise, Var, Vaucluse, Yonne, Eure, and Calvados. The departments in which the excess of deaths was the greatest were Bouches du Rhone and Var, where the cholera raged during 1865. In the case of the former department, the deaths were in relation to the births more than 18 to 15, and in the case of the Var 10½ to 7. In the Nord, on the contrary, the most thickly populated of all the departments, the deaths were less than 33 to 46, leaving an excess of 13,293 births. After the Nord, the departments which gained most were those of Brittany, the Pas de Calais, and the Rhine. The same returns show that the number of marriages have been steadily decreasing during the five years ending 1865; in 1861 they amounted to 305,203; in 1865 they had fallen to 298,838. The diminution was, however, less in 1865 than in either of the previous years; in 1863 it amounted to nearly 2,200, while in 1865 it was 1,700.—*Journal of the Society of Arts.*

—— A German clergyman in Australia, preached in favor of Morrison's pills. They are said to be good to "clean the blood," and as the Bible says "the blood is the life," it was the duty of every Christian to swallow a few frequently! The excellent man keeps them on sale for the benefit of his flock!

—— The cholera is counting a number of victims near Essen in Prussia. About forty persons died in the village of Rellinghausen in August.

—— The Peace Congress is now in session at Geneva.

—— Hungary sends about 150,000 pounds of grapes to Russia annually, principally employed for medical purposes.

—— The death of Professor Giovanni Bellomo, medical doctor of Rome, is announced.

—— Dr. H. Schmidt has found that the power of accommodation of the eye is materially influenced by toothache. His observations are published in vol. xiv. of the *Archiv fur Ophthalmologie.*

—— In Germany it has been officially decided that hot baths cause trismus neonatorum. So midwives and accoucheurs are warned not to make free use of them.

—— Dr. Lemercier, of Paris, a pupil of Prof. Auzoux, is expected to arrive in this country early in October. The Doctor comes out under the auspices of the "Association for the Advancement of Science and Art," and is to deliver a course of his popular lectures on "Human and Comparative Anatomy and Physiology."

—— Prof. Peaslee has resigned the Professorship of Anatomy and Physiology in the Dartmouth College, to accept the chair of the Diseases of Women and Children in the same institution, Dr. Lyman B. Howe, of Manchester, N. H., has been unanimously elected to fill the vacancy.

—— Dr. Francis F. Spring died at his residence on Boston Street, Dorchester, Mass., from apoplexy. He was 47 years of age, and weighed 550 pounds at the time of his death.

—— Restoration of sight is promised to the Rev. Mr. Milburn—well known in this country as a former Methodist preacher and lecturer—by Von Graefe, the Prussian oculist.

—— Nelaton's income from his profession is said not often to have exceeded 200,000 francs. One could get along even on that.

Army and Navy News.

Navy News.

Changes etc., in the Medical Corps of the Navy during the week ending September 26th, 1868.

Surgeon A. A. Henderson, ordered to duty as Fleet Surgeon South Pacific Squadron.

Surgeon Samuel Jackson, detached from duty as Fleet Surgeon South Pacific Squadron.

Surgeon J. S. Messersmith, detached from Navy Yard, Philadelphia October 1.

Surgeon J. McClelland, ordered to Navy Yard, Philadelphia, October 1.

Surgeon S. F. Coues, detached from Naval Hospital, Chelsea, October 1.

Assistant-Surgeon George O. Allen, ordered to Naval Hospital, Chelsea, October 1.

Assistant-Surgeon, W. B. Jones, detached from Naval Hospital, Norfolk, Va., and placed on sick leave.

Assistant-Surgeon E. C. Dunning, ordered to the Naval Hospital, Norfolk, Va.

Surgeons T. E. Potter, W. K. Scofield, detached from duty as members of Medical Board at Boston, October 1.

Surgeon J. M. Browne, detached from duty at Navy Yard, Mau Island, California.

Surgeon Wm. E. Taylor, ordered to duty at Navy Yard, Mare Island, California.

October 3d, 1868.

Past-Assistant-Surgeon S. F. Shaw, detached from the U S. S. Macedonian, and ordered to the "Onward."

Changes in the U. S. Army since July 1, 1868.

Promoted—Assistant-Surgeon C. E. Goddard, to be Surgeon, to date January 6, 1868, vice Lewis Taylor, deceased.

Appointments.—Lieutenant-Colonel, Jedediah H. Baxter, Assistant Medical Purveyor, U. S. Army, to be Colonel by brevet, to date July 20, 1868.

Brevet Colonel E. Swift Surgeon U. S. Army, to be Brigadier General by brevet, to date July 20, 1867.

Brevet Lieutenant Colonel B. J. D. Irwin, Surgeon U. S. Army, to be Colonel by brevet, to date March 13, 1865.

Brevet Major J. H. Janeway, Assistant-Surgeon U. S. Army, to be Lieutenant Colonel by brevet, to date March 13, 1865.

Re-Commissioned.—Assistant-Surgeon H. J. Philips, to date March 30, 1864, to take rank on the Official Army Register next above Assistant Surgeon J. H. Kinsman.

Resigned.—Assistant-Surgeon G. L. Porter, Brevet Major, to date July 16, 1868.

Died.—Assistant Surgeon Cyrus Bacon, September 1, 1868, near Springfield, Illinois, while en route to his home, Niles, Michigan, of Bright's disease of the kidneys.

Dismissed.—Assistant-Surgeon P. J. A. Cleary, by sentence of General Court Martial, approved July 2, 1868, General Court Martial Orders No. 45, Headquarters of the Army, Adjutant General's Office, Washington, D. C., July 2, 1868.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Booth—Newcomb.—In Chelsea. Mass., Sept. 21, by Rev. M. Dwight, assisted by Rev. Geo. Newcomb, of South Carolina, Franklin Booth, M.D., of Holyoke, Mass., and L. Frances, daughter of Rev. Geo. Newcomb.

Bradford—McCroskey.—In Walnut Hills, Ohio, Sept. 24, by Rev. J. L. Robertson, T. C. Bradford, M.D., and Miss Amanda McCroskey.

Cornwall—Wheeler.—Sept. 30th, at Paterson, N. J., by the Rev. J. H. Townsend, James A. Cornwall and Belle, youngest daughter of Dr. N. W. Wheeler.

Dana—Paul.—At Belvidere, N. J., Oct. 1st by the Rev. J. P. Wilson, D.D., assisted by the Rev. J. Jay Dana, the Rev. Stephen W. Dana, of West Philadelphia, and Miss Rebecca R Paul, daughter of J. M. Paul, M.D., of Belvidere,, N. J.

Jessup—Dodge.—In New York, Oct. 1, by the Rev. Wm. Adams, D.D., the Rev. Henry H. Jessup, D.D., of Beirut, Syria, and Harriet Elizabeth, daughter of Dr. D. S. Dodge, of that city.

McCoy—Taggart.—At the residence of the bride's father, in Owen Township, Clark co., Ind., Sept. 24th, by Rev. Josiah Orawford, Capt. Theodore McCoy, of Jeffersonville, and Miss Eliza Eliza Taggart, daughter of Dr. Wm. Taggart.

Mace—Marion.—In Richmond, Me., Sept. 21, by Rev. Daniel Clark, Herbert C. Mace, M. D., of Georgetown, and Miss Louise Marion, of Richmond.

Searle—Gurkin.—At Harlem, N. Y., Sept. 28, Dr. Davton W. Searle, and Miss Emma A. Gurkin, all of New York.

DIED.

McDowell.—In St. Louis, Mo., Sept. 25th, of congestive chills, Professor Joseph N. McDowell, M.D., in the 63d year of his age.

METEOROLOGY.

September,	21,	22,	23,	24,	25,	26,	27.
Wind.....	N. E.	E.	S. W.	N. E.	S. W.	N. E	N. E.
Weather....	Clear.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.
		Rain.		Rain.	Rain.	Rain.	
Depth Rain..		3 10		3 10	1 9-10	9 10	
Thermometer.							
Minimum.....	48°	44°	50°	51°	46°	51°	53°
At 8, A. M.....	58	53	68	57	55	58	58
At 12, M.....	64	60	76	57	64	61	61
At 3, P. M.....	64	83	75	56	70	60	60
Mean.....	58.50	60.	67.25	55.25	58.75	57.50	58.
Barometer.							
At 12, M.....	30.1	30.1	30.	30.3	30.	30.1	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A CASE OF PELVIC HEMATOCELE.

By Henry Brubaker, M.D.,
Of Somerset, Pa.

It is not with the hope of presenting anything new on the subject of pelvic hematocele that I am induced to report the following case. But, as comparatively few practitioners have met with the disease, and only the more recent works on diseases of females treat of it, a brief account of the origin, progress, and termination of this case may prove interesting, if not instructive, to those members of the profession who have not yet encountered the disease. It is a duty which we all owe to the profession, to report rare and obscure forms of disease, so as to enlighten and qualify each other to combat more successfully the manifold ills to which humanity is heir. During my attendance upon the case under consideration, there occurred to my recollection an obscure case of disease that proved fatal in the hands of a neighboring physician about sixteen years ago, and to which I was called to prescribe for some urgent symptoms during his absence from town on some professional business, which, from the symptoms that characterized it, I now believe to have been one of this kind. At that time, the second year of my professional life, I had read nothing on the subject, and was incompetent to give an opinion as to its true nature. The lady, who had been in delicate health for many years, had sustained some injury from some unusual physical exertion, simultaneously with the appearance of her catamenia. She was attacked with severe and continuous pain in the pelvic region and abdomen, great prostration, amounting, indeed, to collapse—countenance pale and bloodless. Along with these symptoms, a tumor rapidly developed in the lower portion of the abdomen, which in a few days extended as high up as the umbilicus. This was followed, in a short time, by retention of urine and general pelvic distress. The efforts of the attending physician to introduce the catheter, to relieve the bladder, utterly failed. She never rallied from the collapse, and after a week or ten days of severe and unmitigated suffering, expired.

Another lady by whom I was consulted, directed my attention to a tumor occupying the hypogastric region, which, she stated, she first observed on her getting up after her first labor eighteen months previously. Ordinarily, the tumor had not caused her much uneasiness, but occasionally, after unusual physical exertion, or from exposure, it would become tender and painful, but these symptoms would subside in a short time, from rest and recumbency.

At the time of my first visit she was suffering unusually. The tumor was enlarging, very painful and tender, accompanied with febrile symptoms. After an examination of the case, I gave it as my opinion that it would suppurate, and my efforts were directed to promote such a result. I visited her a few times during the following two weeks, and was satisfied that suppuration was going on, but as I was unwilling to give a favorable prognosis, she became dissatisfied, and sent for another physician, and in a few days a large quantity of pus was discharged per rectum, the tumor disappeared, and she recovered perfectly in a short time. What this could have been, if not a pelvic hematocele, I cannot say.

For the benefit of those who may not be posted, a few words respecting the etiology,

location, and pathology of pelvic hematocele may not be inappropriate preparatory to the report of my case.

Between the anterior surface of the rectum and the posterior surface of the uterus is a space denominated the recto-uterine fossa. This is lined by the recto-uterine fold of peritoneum. Into this fossa an extravasation of blood may occur, forming a tumor, to which the terms peri-uterine tumor, and pelvic hematocele have been applied. The extravasation may result from rupture of a blood-vessel, or there may be a reflux of blood from the uterus, and generally occurs, it is supposed, at a menstrual period, or when, from any cause, there may be an unusual congestion of the pelvic organs. Two varieties of the disease are met with, the intra-peritoneal and the sub-peritoneal. In the former the extravasation is within the peritoneal cavity, in the latter beneath the peritoneum.

On the fourth day of January, 1867, I was called to see Mrs. B., æt. 36, from whom I obtained the following history of her case. Two weeks previously, then pregnant about two and a half months, as she supposed, while passing out of the door of the house, she fell, striking the small of her back violently against the edge of the door-step. She was immediately seized with pain in the small of the back and lower part of the abdomen, which continued for three or four days, when an abortion occurred, attended with very considerable hemorrhage. After the abortion there was a very slight lochial discharge, but the pain in the back and abdomen continued, and gradually grew worse, when, finally, she concluded to have medical advice. During all this time, with the exception of a day or two when the hemorrhage was profuse, she remained on her feet, attending to her domestic duties. On the occasion of my first visit, I found her occupying her arm chair, which she affirmed was the most comfortable position for her. She complained of great distress in the pelvic region and abdomen, had a constant desire to micturate, as well as rectal tenesmus. After hearing her statement, an examination was proposed, to which she at first objected, but on stating the absolute necessity of such a procedure to enable me to treat her case properly, she consented. She was placed in proper position in bed, and on palpating the abdomen, which was very tender, I discovered a smooth spherical tumor occupying the hypogastric and lower half of the umbilical regions. A vaginal exploration revealed a tumor occupying the recto-uterine fossa, thrusting the posterior wall of the vagina forward, and the cervix uteri upward to the symphysis pubis. An examination per rectum revealed the same tumor encroaching considerably upon the latter canal. Conjoined manipulation enabled me to decide upon the abdominal tumor and that discovered by the vaginal and rectal exploration being one and the same. Thus my diagnosis of pelvic hematocele was completed.

The question now suggested itself as to whether or not I should at once make an opening to evacuate the extravasated blood. Without being fully decided in my own mind as to its propriety, I, nevertheless, felt inclined to do so, thinking it would be the speediest way of relieving what threatened to be a long and tedious, if not a fatal case. Not being able to obtain the consent of the patient to this operation, I concluded that the best thing I could do under the circumstances, and what seemed indicated now, was to combat the inflammation with which she was threatened, and watch closely the further progress of the case, hoping that the extravasation might be absorbed, and if not, that suppuration would eventually occur, when the pus could be evacuated. In a few days the symptoms of inflammation were well marked. She had severe lancinating pains in the abdomen and pelvic region, great tenderness of the abdomen, hot, dry skin, dry tongue, and frequent pulse. A moderately antiphlogistic treatment was adopted, such as my judgment dictated, as best adapted to her condition. The functions of the bladder and bowels were very much interfered with, from pressure of the tumor, giving rise to constipation, tympanitis, and a partial retention of the urine, requiring daily enemata and the occasional use of the catheter.

During the further progress of the case there was little change in her general condition, and

in the tumor, from that above described, except a progressive debility until about the 7th of February, when symptoms began to assume a more serious aspect. She was now attacked with chills, followed by fever and copious sweats, vomiting, and manifest signs of exhaustion. Satisfied from the symptoms that suppuration had taken place, I proposed to open the abscess, but the patient most obstinately refused, and as the friends were not disposed to oppose her wishes, I again yielded, but took occasion to explain the danger that might arise in delaying too long. From this time the case daily grew worse until the 14th of February, when her condition became so alarming that I insisted upon operating. Beginning to realize her danger, she consented. The tumor now extended as high up as the umbilicus, and the abdomen was greatly distended from accumulation of gas in the intestines. I introduced a speculum into the vagina, and through it thrust a bistoury into the tumor. About one quart of very offensive pus, mixed with small coagula of black blood, issued from the opening, which gave some relief to the patient, but did not sensibly diminish the size of the tumor. As the matter ceased discharging, and the patient becoming very faint, I concluded to let her rest until the next day, and administered opiates and restoratives during the night. A considerable quantity of pus was discharged through the night, as could be seen on the cloths kept under her. The next morning, in endeavoring to evacuate her bowels, two quarts of the same offensive pus and bloody coagula passed per rectum and per vaginam. This afforded immense relief and a manifest diminution in the size of the tumor. The discharge continued, without any further operative interference, from the vagina and rectum for ten or twelve days, and then ceased entirely. For the succeeding two weeks her condition was anything but hopeful. The same frequent and feeble pulse, dry tongue, tenderness of the abdomen, and tympanitis, continued, all of which, however, gradually and slowly yielded to local and constitutional treatment. Blisters and warm fomentations were asiduously applied to the abdomen. Iron, quinine, and the sulphite of soda, for what appeared as pyæmic symptoms, were faithfully given internally along with a nourishing diet. Her recovery was complete. She still suffers from dysmenorrhœa, however, which has been the case ever since the beginning of her menstrual life.

CONTINUED FEVER WITH HÆMATURIA.

By H. L. Tate, M. D.,
Of Flora, Smith Co., Texas.

Living in a malarious district, I was called on the morning of August 30th, 1868, to Rachel C—— aged nine years, who, according to the statement of her parents, had been taken sick the evening before, voiding from time of attack up to that hour, eight o'clock, from a gallon to a gallon and quart of what seemed to be bloody urine. She was laboring under very high fever, pulse one hundred and forty or fifty per minute and denoting feebleness. Skin hot and dry, and of the most intensely yellow color I had ever seen, perfectly glossy, tongue pale and slightly coated. Spleen enlarged, bowels slightly tympanitic, and complaining only of her head. By questioning her parents I elicited the following facts: About one year ago she was taken in a similar manner, and after a long and tedious illness recovered her customary health, which had never been robust, having always been a "puny child," with the exception that from any indisposition, from whatever cause produced, she would discharge this bloody colored urine in variable quantities. Astringent medicines relieved her most generally in from eight to twelve hours. I also discovered on examination that she had at the root of the first inferior molar tooth, on left side, an ulcer of the size of an ordinary shirt button, with that peculiar fetor of breath denoting ptyalism; three or four of her teeth were gone, and her parents informed me that they had taken out several spiculæ of bone, all caused from mercury administered in her previous attack a year ago. I was also led to the conclusion by a careful application of all the tests at my control, that the red color of the urine was caused by an *intimate* admixture of blood, no doubt coming from the kidneys, one or

both, as there were no clots or other evidence that the hemorrhage was from the urethra or bladder. What was it that I had to contend with?

The question was of more significance than at first sight might appear, from the fact that in the latter part of the summer and during the fall of 1867 there were several cases exactly similar to this in this community, and throughout Eastern Texas. Especially on the waters of Sabine River, there were a good many, of which I had heard my brother physicians speak at the time, and often since, (it never having fallen to my lot to treat one) all of which that I have any knowledge of *terminating fatally* in from seven to fourteen or fifteen days, except the single case above alluded to. Supposing, however, that I had one of those rare cases of Pernicious Fever complicated with Hæmaturia—getting over that shining yellowness of skin, on the ground that we have it frequently in a less degree in the fevers of malarious regions—I proceeded at once to the administration of the usual remedies. Gallic acid arrested hemorrhage from the kidneys in about twelve hours. My other medicines, quinine and spirits etheris nitrici, had no beneficial effect. My patient kept getting worse, and at the end of twenty-four hours I prescribed calomel x grs. Dover's Powders, vi grs. Ft. in chart. No. iii; ordered one every three hours, to be followed in eight hours with half teaspoonful of Husband's calcined magnesia,—regardless of condition of mouth; kept up quinine, but substituted effervescing draught for spirits etheris nitrici. At my next visit, twelve hours afterward, found my little patient with less fever and perspiring, skin looking more natural. Ordered quinine in enlarged doses and chlorate potash internally, and as a wash to the mouth, as the mercury had affected the gums considerably.

Sept. 1, (same day), evening. Found her better in every particular. Calomel having operated on bowels, producing dark, jelly-like stools, prescribed 3 grs. Dover's Powder to be given at bed time, quinine in diminished doses.

Sept. 2, morning. Rested well during night. Fever lower than ever, getting along very well. Prescribed 3 grs. quinine every three hours, she being considerably under its influence. Was sent for at 3 o'clock. P. M. Found my little patient in precisely same condition as at first visit, only not voiding bloody urine in such large quantities. Skin of same intensely yellow color. Ordered gallic acid again to arrest hemorrhage, which it did in about same length of time as at first. Spirits etheris nitrici every three hours. Sponging of body and cold cloths to head constantly, discontinued quinine, to be renewed on slightest abatement of fever.

Sept 3, morning. Found her in about same condition as on previous evening, only retching and vomiting all the time since midnight. No abatement of fever. Prescribed effervescing draught every hour, and creasote gtt. iij. in f℥j water, teaspoonful every two hours, to arrest vomiting. Evening. Condition in most respects same. Stomach not so irritable. Continue same general plan of treatment. She remained about the same, only constantly getting weaker, until the morning of the 8th, when, although she had an ulcer as large as a dime in her mouth from the effects of mercury, I resolved to push it further at all risks. Ordered 2 grs. calomel every two hours until bowels moved or seven powders had been given. It operated on the bowels finely, producing three or four large dark, jelly-like stools as when first administered, and there was considerable improvement, more especially in the color of the skin. For the first time since she was attacked she agreed to try to eat something. Continued on stand-still for 36 or 40 hours, when she was taken again as at first, and on the evening of the 14th died, being more intensely yellow than ever if possible.

In the above sketch I have not enumerated all the medicines given, neither did I allude to my plan of dieting her in the last stage, for it was the same as should be resorted to in all continued fevers, nourishing and stimulating. I have simply attempted for the profession of Eastern Texas what some one more competent should have done, viz., a brief imperfect description of this disease, not attempting to classify it, hoping that you or others who may read this, can make some suggestion that we can act on to the advantage of our patients and satisfactorally to ourselves.

Hospital Reports.

Jefferson Medical College,
Philad., June 17th, 1868.

Surgical Clinic of S. W. Gross, M. D

Reported by Dr. Napheys.

Hydrarthrosis of Knee.

This boy was at the last clinic on account of hydrarthrosis of the knee-joint, consequent upon a blow received three months ago. He states there is not now so much pain in the limb as there was before, and the swelling is much less than at the last clinic. The limb has been at rest, supported on a splint, with compresses and bandage firmly applied. On the second day the dressings becoming loose, they were removed and reapplied. At that time the measurement across the patella was an inch and a half greater on the affected than on the sound side, while the difference an inch above the patella, was two and a-half inches. The swelling now is reduced three-fourths of an inch over the patella; an inch and a quarter, at the distance of an inch above the patella; and one inch, two inches above the patella.

A splint made of a shingle will now be applied in place of that of pasteboard. There has been very decided progress under treatment thus far.

White Swelling.

This little girl, aged six years, was present at the last clinic on account of strumous inflammation of the lower articular extremity of the thigh bone. She complained of great pain on pressure over the inner condyle and jerking of the limb at night in her sleep, owing to spasmodic contractions of the ham-string muscles, causing the tibia to be violently forced against the lower end of the femur, thereby aggravating the morbid action. In this case, as an antiphlogistic measure, subcutaneous division was performed of the tendon of the biceps and the band of fascia lata which runs down to be inserted into the head of the fibula. Since the operation the case has improved greatly. She has had no spasmodic pain at night, although previous to the operation she suffered greatly in that way. There is no tension now on the part of any of the tendons. The limb is nearly straight; it will never look entirely so on account of subluxation, or outward and backward twist of the head of the tibia.

The child is taking ten drops of the tincture of the iodide of iron with two-thirds of a grain of quinine three times a day, in sweetened water. No opiates have been required. Opium does not seem to control this spasmodic action, stimulants appear to answer the purpose much better. The child is to be kept recumbent, and no motion of the joint permitted. After a while a splint will be constructed which will admit of the child walking, at the same time that it keeps the knee perfectly at rest.

Strumous Synovitis of Ankle-Joint.

Child, aged two years, very pale, with delicate skin, sparse fair hair, blueish eyes. She has an affection of the left ankle-joint. The soft tissues over the external malleolus more particularly are tumefied and impart a sense of distinct fluctuation. The entire joint is swollen and has a soft, pulpy feel. The foot is emaciated. The lower end of the tibia is also enlarged. There is great heat of the surface, and when the child presented herself last Wednesday the limb was intolerant of manipulation; it is now less so. The limb, it is stated, always starts when she sleeps.

This is a case of strumous disease of the ankle-joint, characterized more particularly by increased action of the synovial membrane. Her mother and two sisters died of consumption, but no history of injury can be traced.

The joint was painted with iodine last Wednesday. A splint will be applied so as to keep the foot at right angle with the tibia, and the joint will be kept constantly wet with a strong solution of acetate of lead and opium. The child was ordered to take half a drachm of cod-liver oil night and morning, along with five drops of the following, three times a day.

℞. Tr. ferri chloridi, f.℥ss.
Quiniæ sulphatis, ℈j. M.

Hoffman's anodyne at night to keep the limb quiet.

Hereditary Infantile Syphillis.

Julia H., æt. 10. This child, with light hair and eyes, looks as though she were suffering from strumous ophthalmia. She has some photophobia, slight opacity of each cornea and inflammation of the meibomian glands. Although this case might be diagnosed as one of strumous ophthalmia, it is not of that nature.

Upon examining the child more closely the nose at its bridge is observed to be very broad and flattened, and there are scars about the upper lip. The central and lateral incisor teeth have serrated edges. The right canine tooth is wanting and the left is stunted in its growth. She presents the peculiar appearance of teeth

described by Hutchinson, of London. There is also enlargement of the post cervical glands. Her mother, who was a loose character, has two other children who have also suffered from snuffles, interstitial keratitis and inflammation of the lids.

This child has the characteristics of hereditary syphilis. In all forms of this affection there is no manner of treatment equal to the mercurial. It may be carried out by the administration of corrosive sublimate in combination with iron, or by directing as recommended by Sir Benjamin Brodin, the wearing, for six weeks, of a flannel bandage covered with mercurial ointment around the thigh.

The child was ordered fifteen drops of the tincture of the chloride of iron with one-fortieth of a grain of bi-chloride of mercury, three times a day. And for the tarsal ophthalmia:

℞. Hydrargyri, oxidi rubri, gr. v.
Adipis benzoatæ, ℥ss.
Sig. Apply night and morning.

Necrosis of the Humerus.

Michael McC., æt. 9. This boy has been twice operated on, the second time in July last, the first in the preceding May, on account of necrosis of the left humerus.

This affection is very often excited by a blow in children of a strumous constitution; by suppression of the cutaneous perspiration, or of the function of the kidneys; by taking cold after active exercise; by a protracted use of mercury; and by exposure to the fumes of phosphorus.

In this case there is new bone thrown out in front of the inner lip of the bicipital groove of the humerus and on the internal surface of the shaft of the humerus; and there is a sinus leading down to the dead bone.

Wherever there is caries, the proper procedure is, if there be no acute action, to cut down and scrape the diseased part of the bone. In necrosis no attempt should be made to remove the sequestrum from the involuerum before nature has perfectly loosened it. After this has occurred interference then becomes necessary in order to get rid of the dead bone, which is accomplished by enlarging the cloacæ.

The boy took chlorform when the first operation was performed but not the second time, and he does not now wish to take it "because it makes him sick," he would rather suffer the pain.

A large sequestrum was removed and the cavity syringed out. A flaxseed poultice medicated with a little Goulard's extract will be applied, and after that merely a simple water dressing.

Accumulation of Wax in Ear.

This boy, aged 10, presents himself on account of a plug of wax impacted in the right ear. He cannot hear at all with the affected ear, and the hearing of the left is much impaired. He has had no buzzing in the ear nor any headache.

He was placed under chloroform, and a large plug of cerumen removed by means of the curette devised by Prof. Gross for the withdrawal of foreign bodies from the ear. The membrane of the tympanum was then found to be more vascular than it ought to be, otherwise there was no trouble. He was ordered to syringe out the ear with warm water and soap, and to be kept upon the antiphlogistic regimen.

Whenever there is a mass of hardened cerumen pressing against the membrane of the tympanum, there are symptoms of functional disorder, such as noises in the ear, fulness in the head, and impairment of hearing. When such symptoms are complained of, the external meatus should be examined by an ear speculum to ascertain if there be any accumulation of wax. In a little more than one-third of all the cases of deafness in which there is impacted cerumen in the ear, this trouble will disappear on the removal of the hardened wax. An accumulation of ear-wax may be caused by suppression of the cutaneous perspiration about the head, by the entrance of dust in the ear, or by the repeated introduction of the end of a towel into the external meatus with a view to cleaning it, through which any accumulation that may exist will be pushed down toward the membrane of the tympanum.

Foreign Body in the Ear.

Julia S., æt. 3. The child is supposed to have introduced a pebble into her ear last Tuesday. She was put under chloroform, and by the use of Prof. Gross' curette, a round pearl shirt button was extracted without difficulty. The passage was the seat of acute desquamative inflammation, which had been excited by the presence of the foreign substance.

In the removal of extraneous substances from the meatus, great care must be taken lest violence be done to the parts, and it is for this reason that forcible syringing is recommended by most practitioners in preference to the employment of instruments. The curette, when properly employed, however, can do no possible harm, and it is more expeditious than the former measure. As these operations are attended with great pain, the patient should always be under the influence of an anæsthetic agent.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for discussion:—Bright's Disease.

Reported by J. W. P. Bates, M. D.

Dr. Arnold—I have nothing very original to offer in regard to the nature of this affection. It is a subject of most intense interest, and has engaged the attention of investigators not only on account of its great importance, but because it opens a number of pathological questions. One prominent point in this disease is the presence of albumen in the urine. This is met with in pregnant women where there is congestion of the kidney, as also in the contracted or waxy kidney. From the nature of the various diseases one would naturally expect different results. All have anasarca, and are accompanied by other symptoms which perplex and annoy the physician. Many cases called dyspepsia are albuminuria. Endocarditis and apoplexy are also connected with it. So far the microscope has been very unsuccesful in telling us why these various affections should produce similar results. Frerichs thinks that all cases of albuminuria are the sequelæ of inflammation. Todd believes there is some poisonous condition of the blood which produces an injurious effect upon the kidney. Chambers teaches that there is a peculiar degeneration of the structure of the kidney, the same as we find changes of tissue in other organs of the body. In the albuminuria following scarlatina we have good ground for concluding that it is exclusively inflammatory. These cases usually do well, and therefore there cannot be such destruction of tissue, and, in this respect, confirms the theory of Frerichs. The other forms are usually fatal. It may be that the nascent state was inflammatory, and this laid the foundation for further metamorphosis of tissue. My experience in the treatment of the albuminuria following scarlatina is that a large number require no treatment—others are more violent and require antiphlogistics, and I think I have succeeded by the abstraction of blood and the use of tartar emetic. In the other forms I have tried gallic and tannic acids but they have proved very unsatisfactory in my hands.

Dr. Noel—For a long time no disease was so obscure to me as this. Is simple or chronic nephritis to be classed as Bright's disease? Is it a disease of the areolar tissue. Malpighian bodies, or uriniferous tubes? The discussion of the seat of the disease has led to many wild theories. The earlier writers knew but little about the pathological condition. Dickinson classes diseases of the kidneys under three heads. 1. Affecting the secreting tubes and constituting tubal nephritis. 2. Granular degeneration, involving the inter tubular fibrous tissue. 3. Affecting the blood-vessels as in amyloid degeneration. The blood is de-alkalized and the alkali is deposited around the tubes, and blocks them up. The two latter classes are very insidious in their attack. In desquamative or tubal nephritis the treatment is to cut short the disease. When fibroid or amyloid degeneration is present, there are no agents to which they will yield—the de-alkalized fibrin retains its place. We can only try to change the blood and bring it as near as possible to the condition of health. The kidney is the great sewer of the body. In Bright's disease the urea is decomposed, according to some authors, into carbonate of ammonia, and the presence of this in the blood produces uræmic intoxication. I do not think it is so changed, but rather into cyanogen (which unites with the alkalies) and in some cases into hydrocyanic acid, as seen in some cases of scarlatina. The symptoms of uræmic intoxication more nearly resemble those produced by the cyanides, and this explains the quickness of action frequently seen in these cases. The symptoms of the desquamative form are pain in the loins, lessened quantity of urine, retraction of the testicle, pain down the thighs, etc. We here find the large white kidney; the tubes are blocked up by a secretion and by epithelial scales and the quantity of urine is lessened in consequence. We should relieve the congestion by dry and wet cups, fomentations etc., and as soon as it is relieved, give mild diuretics, water, etc. As regards the use of diuretics in the other forms, when there is dryness of the skin and irritability of the alimentary canal, I use diuretics such as broom, pipsissewa, etc., and find beneficial effects therefrom. In the chronic form there is dropsy, dyspepsia, diarrhœa, palpitation, etc. Why is there sometimes such sudden dyspnœa, with no dropsy and no perceptible lesion of the respiratory or nervous system, unless it is produced by a poison?

Dr. Fay—Are casts found in the large, white kidney?

Dr. Noel—Yes, in desquamative nephritis. It is a renal catarrh, and we have epithelial casts. If large, there is serious disease, and a large space is denuded of its epithelial coat; if small, they come from the centre of the tube. In

the other forms we have hyaline casts. Several cases are recorded of fibroid degeneration in which the first symptom was convulsions.

Dr. Erich—Could not the dyspnœa be produced by œdema of the glottis or larynx?

Dr. Noel—My idea was that there was no obstruction to the passage of air. I thought it was either blood-poisoning or action on the nerve centres. I had a case of this kind which I finally relieved by Hoff. anodyne, spt. æther nit. and tr. valerian, p. e. in tablespoonful doses.

Dr. Arnold—I should like to hear an explanation of the presence of albumen as we find it in simple and chronic nephritis. Why do we find the same morbid product in all these cases? Why this and nothing else? how is it formed? where from? and how excreted? The anemia of the disease will also strike any one as extraordinary. Some of the cases of dyspnœa are dependent upon endo or pericarditis, and a number also suffer from it in which there is no prominent disease of the heart. Cases of this disease which commence with rather acute symptoms, I consider very favorable, and would regard them as nothing more than nephritis; but cases which come on more insidiously, generally terminate unfavorably, nothing having been found to relieve them. I do not agree with Dr. Noel in the use of diuretics, for if they act they do mischief. In mild cases a slight diuretic effect might be of advantage, but in other cases I think they do mischief, and it is important to discriminate.

Dr. Noel—The simple fact of albumen being found in a secretion ought not of itself to be alarming, for it is found in other secretions, as in the fluid removed from the peritoneal cavity by paracentesis. Whether it is not required in the system is more than I can tell. It is a question whether the disease of the kidney is purely a local disease, or whether some disease of the blood does not precede and produce this local affection, just as tuberculosis is a constitutional disease localized in the lungs. The liver works up albumen, and it is a question to be decided whether it enters into the formation of bile and sugar. If malarial or any other disease interferes with this work, the most rational way for the escape of the albumen would be through the kidney. Why it is always present, is more than I can tell. As to the use of diuretics—you have to stimulate the kidney. It is rare to find chronic disease in one part of the kidney and acute in another. Bright's disease is not inflammation, but degeneration—the fault is in the blood, or tissues, or in both. If in the former, we can understand the sympathy of organs; if in the latter, we can understand the increase of fibrous tissue; and diuretics wash out and prevent the tubes becoming blocked up thereby. If you use drastic cathartics or diaphoretics you draw off the natural solvent and the tubes become obstructed.

Dr. Friedenwald—Dr. Noel says the amyloid degeneration is constitutional. Traube found that the kidney was seldom affected alone, but that the liver, spleen, and membranes of the alimentary canal were also involved. Phthisis and caries of the bones are frequently associated with it. There is a case recorded of simple œdema of the lungs in which dyspnœa and albuminuria were prominent symptoms.

Dr. Fay—I do not know much about the treatment of these cases, but I have observed that if an excessive discharge of water can be kept up, either by diuretic or hydragogue cathartics, it is often sufficient to cure the case. Some months since I read to this Association the notes of a case of Bright's disease in which such a result was obtained, and I will refer to some of the principal points in illustration. A man (a soldier in U. S. General Hospital) had been suffering from intense œdema, and he was apparantly near death, as there was no part of his body but what seemed to be infiltrated with water. He was jaundiced, troubled with obstinate nausea, urine was albuminous, contained oil globules in excess, and epithelial casts. Its specific gravity varied from 1003 to 1007, 8 or 9. He was taking diuretics and tr. ferri chlor. under which the kidneys acted to about the same extent as in health. He continued to fail, stomach rejected everything, headache intense. I stopped all medicine and gave him porter and ice, which were retained and their use continued for two days (during which time he improved slightly), after which I gave beef tea. After about three days profuse and spontaneous diuresis took place and the quantity of urine discharged was enormous. This had not continued for more than 48 hours when profuse cartharsis was added, and in a very short time the dropsy disappeared. I should have mentioned that for five months he had been suffering from a gun-shot wound of the knee and the œdema of that leg continued. He perfectly recovered, and I heard from him eighteen months subsequently, when he expressed himself as being perfectly well.

Dr. Noel—Had he profuse suppuration from the limb?

Dr. Fay—He had.

Dr. Noel—Dickinson gives profuse suppuration as one cause of disease of the kidney. I have a case which at first was not able to see my face, but now can see to read small print. Animal food aggravates the symptoms and therefore I have restricted it to light diet.

Dr. Friedenwald—Were any ophthalmoscopic examinations made?

Dr. Noel—None.

Dr. Friedenwald—There is a peculiar infiltration of the retina which is pathognomonic of Bright's disease, and such cases are usually incurable.

Dr. Arnold—True Bright's disease is almost universally fatal; there is hardly a case on record which has recovered. When albumen is found in the urine there is too much of a disposition to call it Bright's kidney. In subacute nephritis the invasion is sudden and rapid; chills, headache, lumbar pains, sympathetic fever and general malaise. In Bright's disease the first stage is very seldom noticed, and is very insidious. There are a number of anomalous symptoms which lead the practitioner astray until he tests the urine and finds albumen. The difference is in the first stage. In Bright's disease the anasarca and ascites are the closing stage, and frequently are the prominent symptoms. A number of cases do well if the physician does not get discouraged too soon. A lady on Bond Street had dropsy for three months and was under the care of an eminent physician, but he got discouraged and gave up the case, and a non-professional applied a warm bath with complete success. Albuminuria in pregnant women is owing to congestion of the pelvic viscera. I have been successful in a number of cases which I did not treat as Bright's disease, but as subacute or chronic nephritis. It is highly important to make a correct diagnosis, and with a little care it can be done.

Compression of the Carotids in Convulsions.

Drs. Blaud and Trousseau, of Paris, have spoken of the occasional value of compressing the carotids in epileptiform convulsions. The same method has lately been adopted for the treatment of convulsions in children, with flattering success, by Prof. Henoch, of Berlin, who has published a small work on the topic. He compressed with the thumb and forefinger both carotids until only a feeble current passed through them. In a few seconds the convulsions diminished, and in two or three minutes ceased altogether. This is a means worth remembering, as this accident is both frequent and alarming.

Editorial Department.

Periscope.

Organisms as the Cause of Diseases.

Dr. H. C. Wood, Jr., of Philadelphia, doubts the fashionable idea that microscopic organisms produce disease. In a late number of the *Am. Journal of Med. Sciences* he says:

"In what manner do fungi act in producing the various local diseases to which they give rise?

They seem to exert an influence not merely as irritants or passive foreign matters, but by inducing chemical changes mostly in tissues already weakened by disease, changes which are somewhat similar to those of putrefaction, and are the result of the life-force of the plant seizing on certain elements or compounds for its nutriment. In other words, the fungus feeds on the tissue, and *continues* to grow and feed so long as material is afforded it, unless destroyed by some outside influence, or unless, indeed, the vital powers of the part are so strengthened as to be enabled successfully to resist its encroachments.

The exanthemata are self-limited diseases, *i. e.*, affections which have a fixed, definite course, and which terminate spontaneously if the patient live long enough. The fungal diseases march steadily onward, have no fixed course, are in no sense self-limited. As proof and example of this take the Indian foot disease already alluded to.

The nearest known approach to the production of systematic disease by fungi is seen in the affections of certain of the lower animals. Their spores have been found in the blood in some of these cases. Do they act in such instances as poisons, producing limited diseases, as typhus, small-pox, etc.? No. On the contrary, they appear to act on the blood as they do upon other tissues, producing a local disease of it, so to speak, giving origin to a steadily progressive train of symptoms. They feed upon the nutritive fluid, form filaments in it which pierce the walls of the vessels, and ramify through all the tissues.

The most carefully studied of these affections is that which attacks the ordinary house-fly. The first appearance of this disease is the presence of very minute oval cells in the circulating fluid, which cells increase in number, enlarge, grow into filaments, pierce the blood-vessels, and ramify through all the tissues, gradually destroying them. Whilst this is going on,

the fly evidently becomes weaker and weaker; and by and by the hind legs swell up, stiffen, and all power over them is lost. Then the other limbs undergo similar changes, and finally the little invalid breathes its life out. In eight or ten hours after death, the filaments continuing to grow, pierce through the surface of the body, especially between the wings, and interlace over it to form a whitish winding sheet. By the latter and by their stiffened, projecting legs, flies, dead from this affection, may be readily recognized. Does this course correspond with that of our systematic affections? No! It seems somewhat doubtful, even in these cases, whether the fungus is the original cause of the disease, for, thus far, all attempts at inoculating healthy flies have failed. Fungi are the scavengers of the vegetable world; and it is very possible that the plant merely preys upon an already mortally stricken fly, just as the hyena will feed upon living animals, if they are sufficiently prostrated by disease.

The asserted power of the sulphites in arresting zymotic and malarial diseases is relied on by some as affording a substantial argument in favor of the cryptogamic theory. The answer to such reflex arguments is very simple. In the first place, it is by no means proven that the sulphites have the despotic power over these diseases which is claimed for them. Allowing, however, all their most ardent friends claim, there is no proof whatever that their remedial properties are dependent on their poisonous influence upon protophytes or protozoa. The whole set of deductions are purely suppositions and in a circle. Substances possessing such wonderful power over the germinal, living matter of all the lower plants and animals, are to be expected to exert a more or less powerful influence upon the living germinal matter of the higher animals, and at present there is nothing known which disproves the theory that these sulphites act remedially simply by modifying the life actions in some unknown way, or, in other words, by altering nutrition; indeed there is at present no proof of the truth of almost any theory. So far, from our present knowledge of the therapeutics of the sulphites lending aid and comfort to the cryptogamists, it seems to me to afford very conclusive proof that the truth is not with those gentlemen. If a fungus causes a zymosis and the sulphite kills the fungus, the disease must be arrested. The case should invariably follow immediately upon the exhibition of the remedy. The medicine is a specific removing the cause, and, if given sufficiently early, should never fail.

It is, however, notorious that it does often fail; hence the very fair inference that the cause is not removed by it, is not either a protophyte or a protozoon. A sulphite never fails to arrest fermentation outside of the body—why should it fail inside?

Even Prof. Polli himself has abandoned the idea, if he ever really believed it, of the sulphites acting upon the blood as they do upon yeast, purifying it by killing the cryptogams in it.

In conclusion, perhaps it is allowable to state that some two or three years since, the writer of this paper was very strongly inclined to believe in the doctrine of animate contagion, having imbibed it during his student life, and that this essay has not been the result solely of studies especially undertaken for the purpose; but that during the prosecution of other microscopic investigations, the evidence so gathered itself in his mind as to lead him into this by-path, and to leave with him no doubt that general diseases are not caused by organic entities. There is a vast accumulation of negative evidence which repudiates the doctrine of animate contagion, either as taught by Linnæus or by more recent authorities. There are no known facts establishing the doctrine; there are many such which strongly support the negative proposition."

Therapeutic Value of Oxygen.

There are a number of quacks travelling about the country, vaunting the merits of "oxygenated air" and "oxygen baths" and inhalations. It is worth while, therefore, to have the opinion of a thoroughly competent physician, as to the real therapeutic value of this element. We find it in the 15th August number of the *Bulletin de Therapeutique*, summed up at the conclusion of a long and admirable essay by Dr. Constantin Paul, as follows:

1. Oxygen is not a poisonous gas, and as much as thirty litres of it a day can be inhaled for days, without producing any ill effects. Only after two or three weeks, does it commence to produce feverish symptoms.

2. Oxygen is a precious resource in cases of asphyxia, especially when this condition is the result of accidents.

3. It is a valuable remedy in attacks of nervous asthma, and even in humid asthma it will be found beneficial.

4. In phthisis, oxygen has not yielded the good results hoped from it. It gives often temporary relief, but exacerbations follow, more severe, perhaps, than when it is not used. At best, it is but a palliative measure.

5. In diabetes and albuminuria it promises to be of great service, especially if it always causes the albumen to disappear from the urine, as it certainly has done in some instances. At any rate, it is always worth a trial.

6. It is a sovereign remedy in localized gangrene when there is not yet arterial obliteration. The swelling and œdema disappear, the gangrene is limited, the pain disappears, and the livid tint gives place to a rose color.

Reviews and Book Notices.

NOTES ON BOOKS.

We learn from the *Nation* that the Russian Ministry of Marine has just published a work on the "Military Sanitary Establishment of the United States of America during the late War," by Dr. J. Haurowitz, the Chief Medical Inspector of the Russian fleet. Dr. Haurowitz came to this country in 1865, in order to inspect the sanitary arrangements of the army, and travelled extensively here. His book is an octavo of 294 pages, about one-half of which is devoted to a full and clear account of the medical organization of the army, including the Sanitary Commission, and the other half to notes on his travels, including sketches of the President, the principal generals, and accounts of the principal cities he saw, West Point, etc. The chapter on New York gives, among other things, very full statistics of the charitable institutions and of the public schools. We take this opportunity of recommending the *Nation* to our readers as the very best literary journal in this country. It is moderate in politics, liberal in religion, and thoroughly informed in literature.

The second number of the *Dominion Medical Journal* of Canada, Llewellyn Brock editor, Toronto, has appeared. The objectionable features of the first number have been removed, and we have good authority for saying that it will always aim to represent the best class of the profession. May it have ample success.

A valuable work has lately been published in Leipzig, in one thick quarto volume with twelve folio lithographic plates. The author is Professor His, of Basel, and his subject the earliest development of vertebrate animals in the egg (*Untersuchungen ueber die erste Anlage des Wirbelthier—leibes.*) Its contents are morphological, histological, and physiological in character. From the folds of the membranes,—what he calls the pariblast and archiblast—he derives by mathematical laws the forms of the body. It is a valuable contribution to this branch of knowledge.

A Handbook of Vaccination. By Edward C. Seaton, M. D., Medical Inspector to the Privy Council. Philadelphia: J. B. Lippincott & Co., 1868. 1 vol., 12mo., cloth, pp. 383.

This is a very thorough treatise on the subject, with full valuable statistics, practical instructions, and interesting details. The author leaves little to be desired in the way of completeness, as a glance at the table of contents shows. The natural cowpox, the horsepox, their relation to human variola, vaccinia, vaccinating, arrangements for maintaining a supply of fresh lymph, the conveyance, storage and alleged degeneration of lymph, the protection afforded by vaccination, its alleged dangers, and the value of re-vaccination, all these and allied topics are temperately discussed.

One lacuna will be at once noticed by American physicians who generally use crusts instead of lymph,—the most meagre directions are given for their preservation and use. This the American publisher ought to have supplied.

The work is admirably indexed and will be found a most useful addition to a medical library.

The Physician's Handbook for 1869. By William Elmer, M. D., and Albert D. Elmer, M. D. New York: Townsend & Adams. 1868.

This publication is now so familiar to a large portion of the profession that we have no need of describing it. Suffice it to say that the same plan is preserved as in previous years, modified by the suggestion of those who had been using it. As the authors say, "selecting and combining they have endeavored to retain the good and discard the doubtful."

Recherches Experimentales sur une Nouvelle Fonction du Foie, consistant dans la Séparation de la Cholesterine du Sang et son Elimination sous Forme de Stercorine (seroline de Boudet). par Austin Flint, *fils*., Docteur en Médecine, etc. Paris: Genmer Baillière. New York: Appleton & Co. 1868.

These researches our readers will remember were originally published in the *American Journal of Medical Science* in 1862. They have deservedly attracted the attention of physiologists, not only on account of their intrinsic value but for the beauty of the experiments by which they are supported. They eminently deserve to be brought before the European public *in extenso*, and the present translation, made we believe by Dr. Flint himself, does so in a clear and convincing manner.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 17, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

REDUCTION OF PRICE.

It will be observed that in the Prospectus of the Half-Yearly Compendium, published herewith, we announce a Reduction of Price in the Reporter and Compendium, by *Prepaying Postage* on all paid Subscriptions.

This arrangement will date from January 1st, 1869.

SUCCESS IN PRACTICE.

It is a favorite theme of a certain class of writers to discuss the entire uncertainty of medical results. They compare therapeutics with chemistry or engineering, and ask where are the fixed and positive data on which physicians act, and the clear and convincing proof of their experiments. They insinuate that luck, and not knowledge and success make the distinguished physician, and repeat that the action of medicine is as indefinite as that of the stars.

How often has the anecdote of Sydenham been told and re-told, how he replied to his student, Blacknur, when the latter asked what books he should read, that he had better take up Don Quixotte, as a very instructive work!

There are doubtless some young physicians who allow such thoughts to interefere with their earnest devotion to study. They do wrong. We recommend to them rather the strong and true words of Prof. J. Y. Simpson, of Edinburgh, in his address to the graduates last August:

"But is there no one way—methinks I hear some of you ask—of perfectly insuring success in medical life? Yes; I believe there is one way. Excel pre-eminently in such professional acquirements and knowledge as I have alluded to, and that very excellence will be certain, sooner or later, to lead you onward and upward to high and assured distinction. A batch of young graduates like you has sometimes been compared to a load of stones about to be used in building up a new portion of the walls of the Temple of Medicine—some to be used for honor, some for dishonor. Whosoever among you is most elaborately prepared, and carved and chiselled, is certain to be chosen for a place of honor and ornament. On the benches on which you now sit, there sat some twelve or fourteen years ago a newly-made graduate, the only child of a widowed mother, who a few days afterwards told me, almost in tones of despair, that now his education was finished, her efforts she felt had all been vain and useless, as she had no means within her power of settling and advancing her son in professional life. A mutual and sagacious clerical friend, anxious about the graduate's dark prospects, came to speak to me on the subject. I told him of the young physician's high acquirements and excellencies. 'Then,' he added, 'his mother must not fear, for I believe fully in the truth of the Persian proverb, that a 'hewn stone is never allowed to lie long on the road.'' That young physician has been now for some years an eminent medical Professor in one of our Colleges, and with his name and his writings most of you are well acquainted."

This has the ring of true metal, and is worth a thousand times all the "dodges" of the Bob Sawyer kind. The prospects are often dim and the road long, but especially in this country no one need doubt but that true skill means certain success.

MEDICAL ACTIVITY IN RUSSIA.

For a long time Russian physicians and surgeons have not borne a very high professional reputation on the continent. They were often indeed quoted as examples of ignorance and superficial knowledge. True that among them were some distinguished names, as Pirogoff and others, but they were the exceptions.

Recently, however, the enlightened government of the Czar has been paying a great deal of attention to the welfare of his subjects in this respect. Hospitals were instituted to try the different plans of treatment under the most careful and impartial supervision. For instance our homœpathic brethren here found what they have so long been demanding—a free field to show what virtue is in their little pills and powders. But we fear they will hesitate to praise the Czar for this kindness as much as they ought to. "Only give

us a chance to show what we can do," was their constant cry to our government during the war. Now they have had a chance. And what is the result? After a long and fair trial the Emperor has forbidden, by an imperial ukase, the practice of homeopathy in his dominion as dangerous to life, and as in nowise diminishing sickness! No doubt our brethren of the potencies will call him the most unmitigated tyrant living. But it was the natural consequence of putting their theory to the test of experience.

We also lately have referred to the prohibition of the introduction or sale of poisonous articles of furniture, clothing or food. A similar reform is in progress in Saint Petersburg to prevent the propagation of syphilis. This of course is a knotty point, and if the Czar can manage it, he and his officers will teach the world a lesson.

The plan proposed is to increase the number of physicians for inspection of prostitutes, and to augment their pay, so that better men and more of them can be procured. A more rigid system of surveillance, more prompt and better treatment of venereal cases, these ought to avail something in limiting the pest. Meanwhile the present provision is regarded as temporary, until some more effective means is devised.

Notes and Comments.

Murder by an Insane Man.

We are once more called upon to record a sad instance of murder by an insane man, in which the disposal of a "disagreeable relative" by means of a *lettre de cachet*, would have saved three lives, which might all have been long and useful.

George L. Richardson, of the firm of Page, Richardson & Co., of Boston, residing at Longwood, arose from his bed at one o'clock, on the morning of October 9th, while laboring under a fit of insanity, and deliberately cut the throats of two of his children. The eldest, a boy of thirteen years, is dead, but the other may recover. Richardson fled from the house, and has not yet been found, and fears are felt that he may have committed suicide. He was a gentleman much esteemed for his excellent character, and the affair has caused a profound feeling of sorrow in the community.

Homœopathic Strivings.

In Cleveland the little pill practitioners are making a violent effort. They first urged the city to take a number of beds in their hospital. The City Physician reported to the Council that he already had more beds than he needed, and rather recommended to give up some which were already superfluous. Thereupon, the infinitesimals turned their ire on him, and offered, first, that one of themselves would take his place at half-pay, and then for no pay at all, and the white sugar thrown into the bargain. Whereupon, Dr. J. H. Marshall, the present City Physician, calls to their memory the condition of things from 1860 to 1863, when they did have charge of the city, in the following words, in a published letter to the former homœopathic incumbent.

"I know that when I took the medical charge of the Infirmary, in April, 1863, there were then a dozen or fifteen patients who were affected with secondary and tertiary syphilis, and, as I was informed, had been treated for by you and your predecessor from four months to two years, without receiving the least benefit; that they constantly grew worse under the homœopathic treatment, some of them being unable to leave their beds for months. All of these were cured within three months after they were put upon active 'allopathic' treatment. I was informed by the Superintendent, that neither you nor your students ever cured a case of syphilis during the whole time you had charge of that institution, but that they were constantly accumulating on your hands, until the hospital was nearly filled with them; when whatever of the patients could possibly get away, did so, and sought treatment elsewhere. During this period, one superintendent was obliged to procure 'allopathic' prescriptions, and keep on hand 'allopathic' medicine to relieve patients of diseases your homœopathic remedies entirely failed to reach. One case in point, of a young man whom you treated for months, and exhausted all your homœopathic skill upon, when you gravely informed your class that he must die. After this, an 'allopathic' prescription and medicine were procured, and he speedily recovered. When you learned your prognosis was frustrated by 'allopathic' medicine, you got very indignant, and ordered him from the hospital, but the superintendent retained him in the institution until his recovery was complete. This is not an isolated case, for such were of frequent occurrence.

"It was well known throughout the infirmary, that during Mr. Beckwith's charge of the hospital, he found an unfortunate woman in labor, when he had her removed to the chapel, and had his entire class of students from the college called in, when he unblushingly exposed her uncovered to a lot of gaping, gawking young men, during the entire process of parturition. Such was the management of the infirmary hospital under homœopathic *regime*."

Medical Instruction.

The rooms of the Medical Institute, 920 Chestnut street and College Avenue (Chant street), are open to students, and many are availing themselves of the unusual facilities offered by Dr. Hodge and his coadjutors, for the pursuit of the study and review of the various branches of medicine. Every arrangement has been made to aid students and others in practising Dissection, Surgical Operations, Bandaging, and Dressing of Fractures. Lectures are given on Minor Surgery, Operative Surgery, and Regional Anatomy. Those preparing to enter the Army and Navy, will find at the Institute everything they require to aid them in their studies.

New Uses of Ergot.

Dr. Gros, of Vienna, recommends the employment of ergot in dysentery. He tried it in forty-four cases, with very good results, rapidly reducing the tenesmus, and diminishing the discharges.

In England, Dr. Dobell has tried ergot in obstinate hæmoptysis in tuberculous patients. His prescription is complicated, but he claims to have had from it most satisfactory results. It is

R.	Ext. ergot. liq.,	f ʒij.
	Tinct. digit.,	f.ʒij.
	Acid gallici,	f.ʒj.
	Magnes. sulph.,	ʒvi.
	Acid sulph., dil.,	f ʒj.
	Infus. ros. acid,	f.ʒviij.

One-sixth of this is to be taken every hour until the bleeding ceases.

Color Blindness.

In an interesting paper recently laid before the Society of Industrial Sciences at Lyons, France, Professor Fournet announced that he had himself a singular imperfection in the visual organs known under the name of Daltonism, and which is much more common than is generally supposed. The defect consists of an erroneous perception of colors, and is named after Dr. Dalton, a celebrated English physician, who first discovered the peculiarity in himself, and found that cherries and their leaves had for him the same tint. M. Fournet knew two students of the Ecole des Mines, who, having no clear idea of colors, were unable to distinguish the various minerals, and one of them, having to use a carmine wash in some drawing, used Indian ink for the purpose. In a long treatise, Dr. Potton, of Lyons, has ranged in the same category a large number of shopmen who were obliged to be dismissed for the simple reason that they could never distinguish the various shades of the stuffs which they had to sell. As this aberration of sight had been the cause of grave errors on railways, the companies' surgeons at present are most particular in testing on this point the candidates for employment. Dr. Favre, at Perrache, stated that the number of applicants whom he has been obliged to refuse, because they were incapable of distinctly telling a green light from a red one, was very considerable.

Correspondence.

DOMESTIC.

Bite of a Copperhead.

Editors of Medical and Surgical Reporter:

Thinking a brief account of a case of septic poisoning caused by the bite of a copperhead might not prove uninteresting to the readers of the Reporter I have concluded to transmit the following:

I was called to see the case on the evening of the 29th of June; the subject was a girl, aged about 13 years. Upon examining the part I observed that three distinct wounds had been inflicted, the location being the right instep. The parts were already much swollen, the tumefaction extending several inches up the leg, and attended by excruciating pain. The family had already constricted the limb a short distance above the wound. I immediately commenced giving her whisky continuing it *ad libitum* until inebriation had been induced, afterward giving it in moderate quantities for a few days. I also incised the wounds and endeavored to apply a cupping glass, but in consequence of the tense condition of the integuments, due to the swelling, I found this impossible. The wound and surface around were painted with the dilute tincture of iodine; poultices were kept applied to the parts; morphia was administered to mitigate pain and induce sleep, and with the object of aiding in relieving pain and controlling inflammation. The limb was also kept enveloped in cloths, thoroughly saturated with a solution of acetate of lead and opium.

Upon my return next morning I found the swelling had extended above the knee, though the pain had to a great extent subsided. She afterward, however, suffered pretty severely at intervals for some three days, but otherwise no untoward symptoms. I saw the patient the last time, about two weeks after the bite, when she had almost entirely recovered, the parts being nearly healed.

It may be proper to state that about 48 hours after the injury, the family applied a poultice of wild indigo leaves, continuing their use for several days. To what extent if any, the rapid recovery of the case is to be attributed to the above article, I cannot determine, but leave it with the reader. L. B. Kline, M. D.

Catawissa, Columbus Co., Pa.

Ipecacuanha in Dysentery.

Editors Med. and Surg. Reporter:

A perusal of the article entitled "Ipecacuanha in Dysentery"—(Half-Yearly Compendium, Part 2d, page 73)—suggests that an account of a similar treatment pursued at Valparaiso, Chili, might not prove uninteresting to some of your readers.

Dysentery is very prevalent in that city; this may be due to either or all of the following agencies: The water used in the lower district, where business is transacted, has been found to contain the ingredients of the sea, and in dry weather becomes so concentrated as to be offensive to the palate; much fruit is eaten, the peons subsisting largely on watermelons when in season; and lastly, the impression produced upon a heated surface by sudden gusts of wind, which are of daily occurrence during summer. The favorite treatment is that with large doses of ipecacuanha; snd the drug is often given by enema. It came into general use from having been successfully applied in Brazil. I will not assert positively, but I believe that extensive ulceration is regarded as no objection to the method.

The following case, treated by a leading physician, will illustrate the method of application.

A——, æt. 28 years, robust, and of good constitution; had lived on shipboard for about a year, subjected to frequent changes of climate, food and drink. The disease began early in January, 1867, and under the usual treatment grew worse. Small doses of ipecacuanha and opium produced nausea, without benefit; hydrarg. chlorid., with increased tormina; pil. hydrarg., camphor, laxatives, astringents, and quiniæ sulph. did not check the disease.

At the end of five weeks he had fever, continual pain, and tenderness over abdomen, tormina, tenesmus, sanguinolent dejections every half hour, and a paroxysm resembling febris larvata, every evening.

The following treatment was then instituted:

℞. Ipecacuanha, ℥ss.
Mannæ, ℥ij.
Aquæ bullientis, q. s. ut ft. infus., f.℥xij.
Sig. Dose, f.℥ij.

The medicine was given every three hours, and the patient directed to suspend its use when one dose should have been retained.

The first five doses were followed by vomiting, without much nausea, then profuse perspiration and sleep, and a gradual amelioration of the symptoms. There was no emesis after the sixth dose, and the mixture was then suspended. About ten hours afterward two ounces of manna, in solution, were given. There now remained only a slight diarrhœa, for which the following was given:

℞. Pulv. ipecac., Camphoræ, āā ℈j.
Pulv. opii, gr. viij.
Sprup acaciæ, q. s.
M. ft. pil. No. xij.
Sig. Dose, one pill every three hours.

This, with ordinary care in diet, completed the cure; the symptoms of dysentery had yielded in four days, and the remaining looseness of the bowels in ten days more.

The adjunct treatment consisted in the application of moist heat to the abdominal surface by means of spongio-piline, rest in bed, and a moderate allowance of arrowroot gruel. On the first night an enema of tr. opii, gtt. xxx. was given. Seven days from the commencement of the ipecacauhana treatment, the patient was able to attend to his duties.

A. A. Hœhling, M.D.,
Surgeon U. S. Navy.

Philadelphia, Oct. 1868.

Paralysis of the Bladder.

Editors Medical and Surgical Reporter:

Mr. H———, aged 70, had been suffering from retention of urine ten days, when I was called to attend him. Up to that time he had been treated with diuretics, the warm hip-bath, the urine being drawn off twice per day with the catheter. There was but slight enlargement of the prostate. The catheter passed without any difficulty.

A blister was now applied to the sacrum. He was put on Hall's solution of strychnia, fifteen drops thrice daily, and the warm hip bath continued. A week passed, and the retention was yet complete.

Having noticed, in the Reporter of March 28, 1868, the history of a like case in which *ergot* was used, I determined to make trial of it. Fifteen grains, in powder, were administered three times daily. On the second day from the commencement of this treatment the retention disappeared. Since then there has been no return of the trouble. G. W. Simpson, M. D.

Morning Sun, Ohio.

News and Miscellany.

Report upon the Health of New Orleans—The Epidemics.

The *New Orleans Times*, Oct. 1st, says: The annual report made by the Board of Health to the Legislature shows that, as at present constituted, it has no power beyond those of quarantine. It recommends to the Legislature the creation of a Board similar to that in existence in New York. It could then save the city from its frequently recurring scourges, if the Legislature would confer the power.

In 1867 there were two epidemics: cholera introduced from the preceding year, and the dreaded yellow fever. The cholera receded as the yellow fever advanced, and increased as the fever waned.

The yellow fever did not appear to come from abroad in the first six instances. The first was from a ship which came from Havana, and upon which a sailor from across the lake had been employed. The next was on St. Charles street, near Julia. The next in the same locality. The next from Galveston, Girod street, and the St. Charles Hotel. It was now introduced into port by a vessel from Havana. The report says:

"The slow development of the cause of the fever, its apparent temporary suspension in particular localities, the exceedingly mild character of the pestilence, lead to the hope that it may be kept in check, if not entirely eradicated in the first cases by the prompt application of disinfectants.

"As the cholera manifested itself last year, there appeared little doubt of our ability to suppress it in particular localities.

"The action of the cause of yellow fever was never more general upon the population. Very few of the susceptible escaped. Yet the mortality from it was exceedingly small, estimated as to the number of inhabitants, and particularly as to the number of cases. The number of susceptible subjects was large from there having been no epidemic since 1858, so that all children under eight years were susceptible. The smallness of the mortality may be attributed in great part to there being little immigration from Europe, and from the large increase of colored people, in whom the tendency of the disease is to recovery."

The facts collected from the interior towns of Texas and this State, show that the fever was introduced into Indianola by second-hand blankets from Vera Cruz, and by two cases in Galveston, brought from Key West and elsewhere. The contagion was introduced into almost all of the interior towns from these points. Franklin escaped, owing to a rigid non-intercourse. So did the United States troops at Brenham, though the disease was general, by taking, as a prophylactic, mustard seed daily. The various reports are made by Drs. Smith, Perry, Lewis, and Dirmeyer.

Opening of the Rhode Island Hospital.

On October 2d, the Rhode Island hospital was opened at Providence, with appropriate addresses by the President, Robert H. Ives, Prof. Gammell, Hon. C. S. Bradley, and others. Thirteen free beds were endowed by charitable individuals. The style of architecture is Italian gothic. The entire length of the edifice is 410 feet. It consists of a central building and two wings or pavilions connected with the same by corridors. The central building is about 50 feet in front by about 75 in depth, and three stories high above the basement, and each have a tower 13½ feet square, carried up with bricks to the height of 92 feet, and terminated with a pyramidal roof, 50 feet high, making the entire height 142 feet. The towers add greatly to the beauty and picturesqueness of the building. The corridors connecting the pavilions with the central building are 17 feet in length. The pavilions are each 158 feet long. The material of the exterior is Danvers pressed brick and stone. There is an arrangement by which the draft in the flues of the chimney affords ventilation to the sewers of the establishment.

The Medical Society of New York County.

The sixty-third annual anniversary of the Medical Society of New York county, was celebrated on Monday evening, October 5, at the College of Physicians and Surgeons, corner of Twenty third street and Fourth Avenue. Dr. Kennedy, the Vice-President, presided in the absence of Dr. Edmund R. Peaslee. The following officers were elected for the ensuing year: Dr. George J. Elliot, President; Dr. A. Jacobi, Vice-President; Dr. A. E. M. Purdy, Recording Secretary; Dr. B. Howard, Corresponding Secretary; and Dr. W. D. Bibbins, Treasurer. The meeting was very well attended.

Farmer's Thermal Battery.

Mr. Moses Farmer recommends the thermo-electric pile as a substitute for acid or sulphate of copper batteries in electroplating. He states that, as compared with Smee's battery, in actual experiment in electro-plating, his thermal battery produced the same effect for 28 cents that the former did for $6. Mr. Farmer uses German silver and an alloy of zinc and antimony for his

couples. He finds this form of battery the best for medical use, being effective and cleanly, as it uses neither mercury nor acid. Ten to fifteen pairs are equivalent to a Smee, and twenty to forty Grove cell.

Fatal Accident to a Physician.

About four o'clock in the afternoon of October 5, Dr. John W. Sheppard, of No. 365 East Tenth street, New York, while visiting a patient at No. 341 East Tenth street, accidentally fell down a flight of stairs and sustained injuries, from the effects of which he died soon afterwards.

Hygiene of Rice Culture.

A German physician, Dr. Ullersperger, has recently received a prize from the medical society of Valencia, in Spain, for an essay on the best means to preserve the health of the rice cultivators. It is generally known that as a class they rarely attain the age of 40 years, falling victims to the marsh fever. Dr. U. recommends that rice culture be avoided where good drainage cannot be obtained, that instead of common rice the varieties known as Oriza sativa imperialis, Oriza montana and Panicum crus galli, be planted, which require much less moisture to perfect them, that the houses of the workmen be well situated, aired and drained, that their food be nourishing and include wine or brandy in moderate quantities, and that they be encouraged to smoke tobacco, which the author regards as an efficient anti-masmatic. The essay is entitled, "*Cartilla hygienica para el cultivador de arroz y habitante en tierras pantanosas.*"

Choleraic Diseases in Europe.

The British Registrar-General says:

"The disease commonly called 'cholera' has been from time immemorial prevalent, and frequently epidemic, in Europe. 'It sets in,' says Sydenham, 'at the end of summer and the beginning of autumn as truly as the swallow comes in spring or the cuckoo sings in summer.' This disease is perfectly designated in the Weekly Tables by the word 'cholera,' and cannot be so well expressed by any other term. It is this disease which has been very prevalent this hot summer in London, in Paris, in Vienna, and no doubt in the cities of Spain, although the authorities there do not published the facts. Each fatal case in adults in London of a severe character is described and published in the words of the medical certificates, which have in a few cases applied the terms 'Asiatic cholera' to severe algid cases of common cholera. But no one acquainted with the subject can mistake such an epidemic of common cholera for an epidemic of Asiatic cholera. What is wanted is a true return of the fatal diseases of the cities in which quarantine reigns in all its rigors, and opportunities of studying the high rates of mortality from which the people suffer under that regimen."

—— Dr. Crosby, of Concord, New Hampshire, is endeavoring to make a collection of the birds in New Hampshire. He has already been successful in obtaining about sixty specimens.

—— The researches of Helmholtz, the distinguished German physiologist, show that the nervous fluid or wave, whatever it may be, travels at the rate of 97.1 feet per second. If, then, a man six feet high were to step on a nail, it would take a little less than an eighth of a second for the information to be carried by the sensor nerves to the brain, and for the order that the foot be lifted to be returned by the motor nerve to the suffering member.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Army and Navy News.

Navy News.

Changes etc., in the Medical Corps of the Navy during the week ending October 10th, 1868.

Passed Assistant Surgeon D. Mack, Jr., detached from Navy Yard, Boston, and ordered to report for duty on board the U. S. S. Guard, October 15, 1868.

Passed Assistant Surgeon D McMurtrie, ordered to duty at Navy Yard, Boston, Mass.

Passed Assistant Surgeon George H. Cooke, detached from the U. S. S. Resaca, and waiting orders.

Acting Passed Assistant Surgeon George L. Simpson, to be detached from the U. S. S. Guard, October 15, 1868.

Acting Assistant Surgeon E. S. Perkins, detached from the U. S. S. Huron, and placed on leave for Honorable Discharge.

Acting Assistant Surgeon J. F. Tourtelotte, detached from the U. S. S. Nyack, and waiting orders.

Acting Assistant Surgeon Wm. L. Wheeler, detached from U. S. S. Onward, and waiting orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Brayton—Lacy.—At Schenectady, N. Y., on the 10th of September, by the Rev. Dr. Backus, Albert P. Brayton, of San Francisco, and Miss Mildred Potter, daughter of Dr. John Lacy, of Schenectady.

Cook—Pryor.—On the 20th ult., Dr. George F. Cook, of Holden, Missouri, and Miss Sallie J. Pryor, of Eaton, Ohio.

De Schweinitz—Boggs.—At Clifton, near Philadelphia, Oct. 1, by Rev. Robert de Schweinitz, Rev. Edmund de Schweinitz, of Bethlehem, Pa., and Isabel A. Boggs, daughter of the late John Boggs, M.D., of Greencastle, Pennsylvania.

Dewey—Garabrant.—At home, on Wednesday evening, Oct. 7th, by Rev. Edward W. French, Samuel, son of the late Horatio Dewey, M.D., of Cattskill, N. Y., and Ella M., daughter of S. Garabrant, Esq., of Bergen City, New Jersey.

Eggleston—Wardner.—At the Church of the Redeemer, Cairo, Ill., Sept. 9th, 1868, by the Rev. J. W. Coe, George Carey Eggleston and Marian Croggs Wardner, adopted daughter of Dr. H. Wardner.

Hazard—Clarke.—In Brooklyn, N. Y., Sept. 23d, by Rev. W. W. Bowditch, Mr. Robert L. Hazard and Elizabeth C., only daughter of A. B. Clark, M.D., of Brooklyn.

Hussey—Dunn.—At the residence of the bride's father, October 1, 1868, by the Rev. John Hussey, assisted by the Rev. L. D. Potters, Miss Virginia Hussey and Mr. Alonzo Dunn, both of Lockland, Ohio.

Hussey—Chesnut.—At the same time, and by the same ceremony, Miss Mary Hussey and Mr. Samuel Chesnut, of Chillicothe, Ohio.

Hussey—Perkins.—Also, at the same time, and by the same ceremony, Miss Clara A. Hussey and Mr. George Perkins, of Chilicothe, Ohio.

The three brides are daughters of Dr. Z. Hussey, of Lockland, Ohio.

Kurz—Eaton.—Sept. 24th, at the residence of the bride's father, Daniel Eaton, Esq., by the Rev. M. A. Parkinson, Charles Ernest Kurz, M.D., of Bloomfield, Jefferson county, and Miss Mattie Eaton, of near Hopedale, Harrison county, all of Ohio.

Marshall—Arnold.—Sept. 29th, by Rev. Robert Alexander, Samuel B. Marshall, M.D., of New Bloomington, Ohio, and Miss Sarah E. Arnold, of Uniontown, Ohio.

Martin—Ford.—October 8th, at Frankford (Phila.) Presbyterian Church, by Rev. Thomas Murphy, assisted by Rev. George J. Mingins, of New York, Robert W. Martin, M.D., of Philadelphia, and Miss Mary H., daughter of Samuel C. Ford, Esq., of Olney.

Rockwell—Landon.—In New York city, Oct. 7th, at the residence of the bride's father, by the Rev. Mr. Cory, A. D. Rockwell, M.D., and Susie, youngest daughter of Gardiner Landon, Esq.

Watson—Traphagen.—At the Third Reformed Church of Jersey City, on Thursday, September 24, by the Rev. P. D. Van Cleef, D.D., assisted by the Rev. George H. Peeke, Dr. Beriah A. Watson and Phebe A. Traphagen, daughter of H. M. Traphagen, Esq., both of Jersey City.

Wister—Stocker.—On the 6th inst., in St. Michael's Church, Germantown, by the Right Rev. W. H. Odenheimer, D.D., Bishop of New Jersey, assisted by the Rev. Mr. Murphy, Rector of the Parish, Jones Wister and Caroline de Sousard, daughter of Anthony E. Stocker, M.D., of this city.

DIED.

Bloodgood.—At Flushing, L. I., Sept 28th, Mary, wife of Dr. Abraham Bloodgood.

Bryant.—In New York, Oct. 7, Sarah Gilbert, wife of Dr. J. P. Bryant, aged 37 years.

Stockton.—At North East, Pa., Sept. 29, Dr. Richard W. Stockton, aged 84 years.

Wilson.—In Wilmington, Del., suddenly, on the 6th inst., Dr. James F. Wilson, in the 51st year of his age.

OBITUARY.

R. W. Stockton, M. D.

Dr. Richard W. Stockton was born September 13th, 1785, and after reading medicine with Dr. Thomas B. Whitmash, of Delhi, Delaware county, N. Y., attended Columbia College, New York city. In 1804 he was licensed, and commenced the practice of his profession in Walton, Delaware county, N. Y.

When the war of 1812, with England, was declared, Dr. Stockton offered his services to his country, and he was assigned to the —— Regiment, commanded by Colonel Farmington, which position he filled with honor until the close of the war, when he returned to Delaware county, where he resumed the practice of medicine for a number of years.

Dr. Stockton was appointed to the office of Secretary of the Delaware County Medical Society, which office he held for four years; was President of the College for one term at least, and was Curator for many years. The Doctor continued to practice his profession in Western New York and Erie county, Pa., with great success for over fifty years, when the infirmities of age compelled him to abandon the work in which he took a lively interest up to the time of his death. He was a lover of science and the scientific physician, but a despiser of charlatanry, denouncing it with all the powers of his towering intellect.

Dr. Stockton was made a Mason in 1806, in Morton Lodge, Delaware co., N. Y., and exalted in St. Andrew's Chapter in 1807, and has been a consistent member of the Order for over sixty-two years. May his memory ever be cherished by the members of the order and all lovers of science.

***

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METEOROLOGY.

September,	28,	29,	30.	O. 1,	2,	3,	4.
Wind.....	S. W.	S. W.	S. W.	N. E.	N. E.	N. E	E.
Weather....	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy. Rain.	Cl'dy.
Depth Rain..							
Thermometer.							
Minimum.....	55°	50°	46°	55°	52°	53°	47°
At 8, A. M.....	65	57	55	59	60	58	53
At 12, M.....	72	64	63	67	64	58	62
At 3, P. M.....	73	63	68	66	63	59	60
Mean.....	66.25	58.50	59.25	61.75	59.75	57.	55.50
Barometer.							
At 12, M.....	30.	30.2	30.2	30.3	30.3	30.2	30.3

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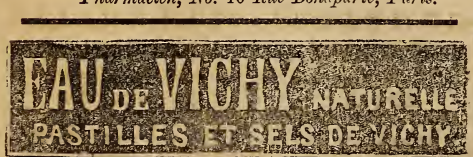

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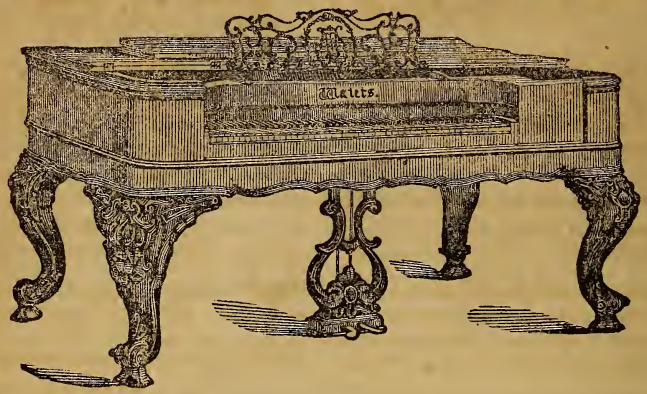

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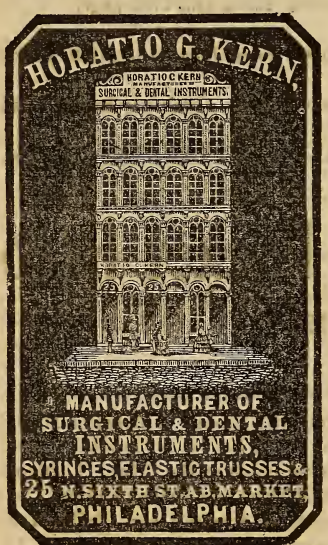

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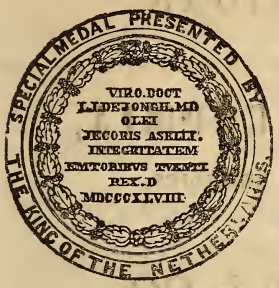

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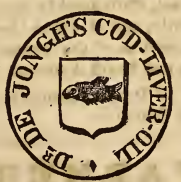

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THE

MEDICAL AND SURGICAL REPORTER.

No. 608.] PHILADELPHIA, OCT. 24, 1868. [Vol. XIX.—No. 17.

Original Department.

Communications.

HÆMATURIC OR YELLOW REMITTENT.

By Edward H. Sholl, M.D.,
Of Gainesville, Alabama.

This peculiar variety of remittent, which has for a number of years prevailed extensively in the Mississippi bottom and along the bayous of Louisiana and Arkansas, made its appearance, twelve months since, in the central cotton belt of counties in this State, as quite a common form of remittent, cases occurring in every month except February and March of the current year; the subjects of attack being *invariably* those whose health had been previously much impaired by exposure to malarial influences.

Symptoms. With the exception of the two marked elements classifying the disease, these differ but little from an ordinarily severe bilious fever. Either during the latter part of the cold, or the first three hours of the hot stage, the patient suffers rather more severely than usual with pain in the lumbar region, and feeling of distension in the bladder. On voiding its contents, in the vessel there is found a quart or more of bloody urine, varying in shade from a scarlet to a brownish-black. This peculiar discharge is repeated in frequency and quantity according to the severity of the attack. In from one to three hours the skin assumes a yellowish tinge, deepening rapidly in tint, according to the gravity of the case, from a lemon yellow to a deep brown. We have a circulation varying from 84 to 150, a temperature varying from 98° to 105°, (the last the highest I have ever found it,) falling sometimes, twelve hours before death, rapidly 4° or 5°, the skin sometimes cool, clammy, and unctuous, again pungently hot, and giving off an earthy odor. The bowels are generally obstinately constipated, in rare cases there is diarrhœa. Ordinarily the tongue is not so much coated as in the milder varieties of remittents; it soon, however, becomes dry and cracked, unless the case is disposed to promptly resolve itself In most attacks the patients suffer greatly from nausea and vomiting, the ejected matter varying in color from a pea-green to a coffee-ground black—the deeper the shade, the more tormenting the nausea, and the more scalding and acrid the discharge. We have convulsions, furious delirium, passive prostrated quiet, and perfect coma, the latter the result of the entire suppression of the urine. This brief summary embraces the leading features of this disease, and will readily decide its recognition.

Anatomical Characters. The first opportunity of making a careful *post mortem* was obtained for us by Dr. R. D. Webb, Secretary of our County Medical Society, at our meeting in Nov., 1867; the subject, a man, æt. 40, having died with the disease twenty-four hours previously. Cadaver unusually rigid, emaciation slight, patient having been sick but four days. *Liver* less firm than usual, slightly enlarged, much engorged with blood; bile in unusual quantity. *Gall bladder* very much distended with a greenish, watery bile, its inner coat much softened. *Stomach* containing a small quantity of thin dark-green bilious matter, its inner coat slightly softened. *Kidney, right* smaller and firmer than normal; *left,* one-third larger than normal in size, its tissues much softened and easily broken down. *Spleen* enlarged one-half, softened, its mass giving away readily under pressure of the finger, deeply engorged with a dark grumous blood. *Intestines* and *bladder* presented no lesion.

Blood almost entirely deprived of *fibrin.*

The *urine*, tested by heat and nitric acid, was very heavily charged with albumen. In response to various tests, employing f ℥ss. of urine, one-half to two-thirds of its bulk became firmly coagulated.

Under the microscope the *urine* presented ragged, disintegrated, and broken-down blood corpuscles.

In a recent *post mortem* made by Dr. Pearson, of this county, the same characteristics presented themselves; the subject having been a regular drinker, the *liver* was found very much enlarged, its upper half being nothing but a pultaceous mass.

Cause. In an essay on "Certain Grave Forms of Malarial Fever," by Dr. Kinnard, of this county, in May, 1867, before the county medical society, as the result of observation in five cases occurring in his practice the preceding fall, the cause assigned and readily admitted, then and now, was that undefined and indefinable influence, *miasmatic.* It attacks all ages and sexes; the essential groundwork, however, of the disease being a system previously well broken down by repeated malarial attacks. The influence of race is marked. While the negro here is almost as obnoxious to ordinary miasmatic attacks as the white race, I have heard of but one instance of this form of disease among them, with a population outnumbering us eight to one. This attack was in a subject broken down by previous malarial poisoning, and was fatal. In this peculiarity it resembles yellow fever. It occurs more frequently in adults than in children.

Diagnosis. The only diseases with which it could possibly be confounded are yellow fever and jaundice. From yellow fever it may be distinguished, in the first place, by the subjects of its attack; in the second place, by the absence of the decided apyrexia characteristic of that disease; in the third place, by the bloody urine being the *initial* and diagnostic symptom of this disease. From jaundice, by the initial chill and succeeding fever, with the bloody urine making its appearance some hours usually before change of color in the skin.

Prognosis. This is eminently a grave disease. Of twelve cases I have seen in consultation and my own practice, six, or fifty per cent., have been fatal; the first three recovered, the next six died; one of the fatal cases was complicated with abortion; two of these deaths occurred in January of this year. Since then I have seen three cases, one in April, one in August, one this month (September). These all terminated favorably. The per centage of mortality during the present year, in neighborhoods where it is prevailing, is far less than last year, treated in the same manner by the same physicians. Suppression of urine, a gaseous pulse, absence of bile in the discharges from the bowels, with an increase in quantity and deepening in color of the urine, deep coma, and a bronzed skin, all look to an unfavorable termination. When the vomiting is continuous and protracted, and the mind unusually alert and active, with a quick, wandering eye, we have a combination of symptoms of gravest import. In this, as in all malignant diseases, when the patient is constantly trying to withdraw his hand from the physician who is feeling the pulse, and carry it back to his own body, we have but little grounds for hope. The gaseous or "lightning" pulse, as some of our physicians call it, leaves no hope for recovery. Death occurs in from eighteen hours to six days. Typhoid symptoms following the relief of the first attack are dangerous in the extreme. I have seen two attacks in the same individual, at an interval of ten weeks, the second by far the most severe, terminating, however, in recovery. If the liver responds promptly to medication, the urine grows gradually clearer, the nausea subsides, the skin assumes its natural hue, we have almost positive evidences of a favorable termination of the case.

Frequently, however, it is, as a friend aptly expressed it, simply "a form of death." These observations are based on the history of about thirty cases received from other physicians, in addition to the twelve above specified.

Treatment. Recognizing its essential nature at the outset, and believing its irruption to be caused by a more concentrated miasma, due to choked ditches, increasing stagnant water, and a vastly larger amount of decaying

vegetable matter festering in the summer sun, the mode of treating it was readily indicated to the observing physician, even though in his best endeavors his hopes were too often foiled.

The objects to be accomplished were three. 1st. To restore the secretion of the liver to its natural channel, thereby relieving the congested and overworked kidney. 2d. To counteract the specific blood-poisoning. 3d. To sustain and build up the system.

To accomplish the first we have the mercurial and vegetable alteratives. If the mercurial course which is most generally adopted is to be pursued and the patient is seen early in the attack, give from two to five grains of calomel, with one-quarter to one-half grain of ipecacuanha every two hours, avoiding opiates, unless there is diarrhœa, until the characteristic discharges are produced. Alternate every second hour with 20 drops of elix. vitriol, and 4 to 10 grains of sulph. quinine. If the stomach does not tolerate this, omit the acid and give the quinine in proportionate doses by enema, adding, if the bowels are irritable, small portions of laudanum. At the outset apply a large blister, four by six inches, to the lumbar region, immediately over the tender portion of the spine, and one, six by ten, over the region of the liver, stomach, and bowels. As soon as the distinctive action of the liver is manifest, suspend the mercurials and acid, continuing the quinine. If the discharges from the bowels are freely bilious, in twelve hours after the last dose of mercury, commence with tinct. of iron, in from 15 to 20 drops every two hours, continuing quinine, and protracting the interval as improvement indicates. One thing is certain, if your patient will live long enough to discharge a good biliary secretion, the urine will grow clearer with each evacuation, until it is normal in color and consistence. If the vegetable alterative plan is determined upon, the following pill of Dr. Adolphus is a good one:

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Ext. hyoscyami, q. s. ft. mass.
M. Ft. pil. No. x.

Sig. One every two hours, until the liver is freely acted on.

With this plan of treatment, the tinct. of iron can be used with the quinine from the beginning. Beef essence, ice, and whisky, as the patient desires or may need. Some physicians recommend the warm mustard bath at the beginning Drs. Jolly and Pearson, who have had in their practice more of these cases to contend with than any physicians in this or Greene county, invariably adopt the mercurial plan.

I have been prolix, simply from the fact that we have no authorities who have dealt minutely with this subject; and I would ask the physicians of Mississippi, Arkansas, and Louisiana, who have long treated this form of remittent, to give through your columns some more light upon it; and I would especially request my old friend and classmate, Prof. Jos. Jones, of Nashville, who has been investigating the subject of malarial disease, to give us such information as his inquiries have elicited.

HOW DOES CHLOROFORM DESTROY LIFE?

By Z. C. McElroy, M. D.,
Of Zanesville, O.

The leading editorial in the Reporter of 3d inst. on the "*Medico-Legal relations of Chloroform*" must be my apology for trying to throw some light upon a question which you deem, and perhaps is, important, but of less importance than a definite conception of "How does chloroform destroy life?" The writer is no longer young, and during a good many years of professional life groped about in the dark, without having any more definite conceptions of how medicines produce their effects than you seem to have, judging from the editorial which calls this communication into existence. The first results of my present path of inquiry were communicated to the readers of the Reporter in February, 1867, in an essay on the New Philosophy of Force. Those of them who remember anything of that article will recall that it was predicted in it that the new philosophy was destined to revolutionize the science and practice of medi-

cine, which it has done effectually for the writer. The inquiry, on my part, has been steadily pursued since, as well as before, that time. Some of the results have been embodied in various papers, read to the Medical Society of the County in which the writer resides. Several of these have been published in various medical periodicals in Cincinnati, Indianapolis, Chicago, St. Louis, etc. Others have not been printed as yet, and very possibly may never be. One of considerable length, discusses the question of "how do medicines produce their effects," and conclusions arrived at entirely satisfactory to the writer. It may seem very ambitious for an ordinary country practioner to undertake to solve questions which have been awaiting answers for so many centuries, but it was done for his own guidance and satisfaction, and while it would occupy too much space in the Reporter to give in detail all the premises upon which the solution rests, it may serve present purposes to state that the inquiry had for its base the organic processes of animal life—nutrition and oxidation—or supply and waste—or, the assimilation of organic matter to the types and forms of the tissue in man; and their reduction in organization back to lower states of organization, and to the ordinary states of the elements in the inorganic world. The organs and structures were grouped, as they perform the offices of assimilation and elimination or parts of both, as the lungs. In studying the dynamics of organic life—or the forces concerned in organization—it was found that the human organism presented three groups of instrumentalities, viz., power or dynamic producers, power transmitters, and power consumers. In the first, are classed the larger and smaller brains, medulla, spinal chord, and ganglions and plexuses. In the second, the nerve chords. In the third, the whole organism. The dual lives of relation and conservation possessed by man, was duly noted. The one, conservation, having remissions only; the other, relations, being completely intermittent. It was found that these were influenced—that is, these organic processes of supply and waste—by every conceivable remedial measure, or therapeutic agent, in one of two ways, at least by hastening or retarding them. In the case of chloroform it was found that the life of relations, *i. e.*, sight, hearing, smell, taste and touch, were all suspended; and as all these are but modifications of sensation, and for the sake of consciousness, it may be stated thus: Chloroform suspends the life of relations, or sensation. Pushed no farther, it is perfectly safe, for an indefinite time. But given so as to interfere with the life of conservation, then there is the most eminent peril,—the mechanism of life arrested, never to be started again in too many instances; and yet not many, considering the number of persons who inhale chloroform for the purpose of interrupting the life of sensation, or relation to external objects every moment, in the civilized world. How chloroform does this could not be traced, or at least has not been traced by the writer, any further than furnishing conditions to limit or suspend molecular changes, destructive metamorphosis, or oxidation, in the power producing nerve masses; and to do that for the life of relations, as well as that of conservation, is to terminate life. And that, in all scientific probability, is the precise method how chloroform produces its effects. If this be true, your demand for professional experts to determine by the pathological lesions whether death has occurred in any given case from chloroform, is wholly on the wrong track. So far as the state of the circulation is concerned, and it has much to do with the appearance of some of the tissues after death by chloroform, you would scarcely find any two presenting the same appearances, for, as the powers or dynamics of life are extinguished, slowly or suddenly, you would find the circulation collected here and there, constituting, pathologically, "injections or congestions," or, and very certainly, you may find other tissues pale and flabby, because the dynamics held out to force the blood out of them, and thus form the congestions and injections. Any other lesions than those of congestions, or injections, would hardly be due to any influence chloroform can exert, which may certainly be set down as simply "furnishing conditions to limit molecular metamorphosis."

Now, in the case of Ignatz Hurst, suppose that Dr. NAST'S first medicine was morphia, and it would be very likely that he would give some preparation of opium to a man in the condition described, its effect is the same as that of chloroform; that is, that it retards the molecular changes in the nerve or power producing masses; and if the quantity is large enough, just as certainly suspends them entirely, and the result the same as with chloroform—death. Dr. NAST, finding if he gave it that the opiate did not quiet his excited patient, ordered and gave chloroform. The result of both medicines acting to the same end, the one transiently—chloroform—the other more gradually and intensifying, for the time being, the influence of opium, their combined influence proved too much for the already enfeebled patient, and the result was death. The testimony in regard to the pathological lesions by Drs. CHABERT and BENSON is no doubt correct, as was, also, their opinion that his death was not due to the chloroform; but their explanations of why it was not so, are just such as any man would be likely to give, who had no conceptions of how chloroform produces its effects, or, for that matter, any other therapeutic agent; for if the precise mode of operation of any one agent can be made out it will furnish the basis for explaining how all medicines produce their effects. If any opium was given by Dr. NAST the probabilities are, that it was the means of hastening his patient's death, possibly aided by the chloroform in intensifying its effects—which, certainly are to restrain molecular changes, or molecular waste, if that will be better understood—in the nerve masses furnishing the dynamics of animal life. The verdict of the jury was, therefore, probably correct too in the main, for, in the absence of opium, the chloroform could hardly be justly charged with any part in the extinction of the patient's dynamics.

The only pathological lesions, then, that could be expected in a person who was in health, at the time of taking chloroform in fatal quantity, would be congestions and injections of various tissues, no two exactly alike, for the reasons stated.

It will, also, be seen that the words "poison" and toxic will need to have affixed to them new definitions based on the influence the agents possessing what are popularly and scientfically known as poisonous properties exert on the dynamics of life. For, in the class of poisons one included agents whose modus operandi are directly opposite, as chloroform furnishing conditions to limit molecular waste, and strychnia, which as certainly furnishes conditions to hasten molecular changes in the nerve masses, and interrupting the alternate contractions and expansions of the lungs and heart, and thus producing death by excessive dynamics, while chloroform produces death by suspending dynamic force, or the molecular changes on which dynamic force depends.

Interference with the structures of the nerve masses is followed by paralysis, as would be their isolation by destroying the power conductors to any given point—the nerves. So, a suspension for any considerable length of time of molecular changes, or destructive metamorphosis in the nerve masses, upon which the dynamic of life depends, is death, no more, no less.

The explanation here given of "how does chloroform produce death," even admitting, for the sake of argument, may not be true, but it, nevertheless, furnishes a definite conception of priceless value to those who give chloroform to their fellow men for any anæsthetic purpose, and the writer must hold it to be true, until a better explanation is reached by himself or others.

CASES OF APOPLEXY—SUDDEN DEATHS.

REPORTED BY MARSHALL CALKINS, M.D.,
Of Springfield, Mass.

Mr. S. C. Root, aged 20 years, a laborer in a sash and blind factory in full health, was suddenly attacked, while at supper, with severe headache. In ten minutes afterward, he said it seemed to him as though his head would burst; in a few minutes after, he became insensible. I arrived to treat the case within half an hour after the attack.

He had clonic spasms, mostly of the upper

extremities, more severe on the right side, but somewhat so on both. The lower limbs were moderately convulsed. The left pupil was very much dilated, the right contracted. The cardiac pulsations were feeble and irregular, the extremities cold, and of a leaden hue, with nausea and ineffectual efforts to vomit.

The opinion was given that a bloodvessel was ruptured in the brain, and an unfavorable prognosis given. Counsel was recommended, and Dr. H. R Vaille called.

The treatment pursued was the administration of an emetic to unload the stomach. At the suggestion of the consulting physician, venesection was tried. Chloroform was used as an anti-spasmodic, but no favorable result was attained by anything that was done for his relief.

The respiratory movements became more irregular and labored, and the circulation gradually failed until, at 4 A. M., ten hours from the time of the attack, he died.

Twelve hours after, the next day, an autopsy made by Dr. S. T. Pomeroy, in the presence of several physicians, revealed a congested state of the dura mater and its arteries; the superior longitudinal sinus and its tributaries was filled to over distension with clotted blood, and in the right lateral ventricle was a large *clot*, completely filling the ventricular cavity. The pia mater was also congested. The *clot* was quite hard, and somewhat larger than a hen's egg. The general health of the young man had been unusually good for several days previous, but he had been subject to attacks of sick headache.

His temperament was nervo-sanguine. On the day previous to his death, he had labored in an upper room of the factory, under the roof, where the heat was quite excessive, and the thought occurred whether this might not have been an exciting cause of the rupture of the bloodvessels of the brain. No tuberculosis was apparent in his case.

Mr. ——, aged twenty-five years, of good constitution and healthy parentage, had, in May previous to the present attack, diphtheria, from which he did not fully recover his maximum degree of health, but remained in an anæmic condition, for which iron and quinine were prescribed. These remedies caused an improvement, but were omitted by the patient some six weeks before his last sickness. His health, in consequence of this omission, suffered so, that errors in diet caused gastric disturbance, vomiting, and diarrhœa. His occupation was that of a gun-barrel straightener, requiring the most intense application of the eye during his ten hours of daily labor. For a few days before the attack described in the sequel, he had complained of a partial loss of his accuracy of vision.

Aug. 1st, he ate of cucumbers and lobsters, which produced some nausea and diarrhœa. On the morning of the 2d, he suffered somewhat from gastric derangement, and refrained from his usual labor, and for recreation, he went fishing, standing much of the time in the water, during the forenoon. He ate a little dinner, and soon after was attacked with convulsions commencing in the facial muscles, extending to those of the neck, then to the arms and fingers. Those of the right side were most severely convulsed, and the patient, during each paroxysm, always turned from right to left, from his back on to his face, making one-half of a revolution. During the intervals between the spasms he often rose up in bed, expressed surprise at the presence of so many assistants and two physicians, declared that he was not sick, that he felt as well as usual, and then, in the next utterance, wished himself dead, complained of pain in the epigastrium, and then passed into another convulsion. They continued, with slight intermissions, from noon until four o'clock, when, after a severe one, in which he violently threw himself on to his face while both physicians were absent for a few minutes, sudden asphyxia occurred, from which he was temporarily aroused by the application of the cold douche over his breast and face. He remained in a comatose state, the spasms having subsided, until he expired, at a little past six. From the first the pupils were observed to be very much contracted and scarcely movable, and divergent strabismus appeared two or three hours before death.

No treatment seemed to have the least influence over the symptoms.

The diagnosis was that of lesion in the nervous system, but no post mortem was obtained, and this to me interesting case lacks the positive evidence derivable from that source.

Was not the diphtheria a predisposing cause? and were not the exercise of his vision in his business, and his errors in diet, and exposure to dampness and cold, exciting causes of sufficient energy to produce the result?

Hospital Reports.

Jefferson Medical College,
Philad., June 24th, 1868.

Surgical Clinic of S. W. Gross, M. D

Reported by Dr. Napheys.

Bursa of Patella Ligament.

Mrs. W., æt. 48, has a swelling, the size of a pullet's egg, below the right knee, and above the tubercle of the tibia, which is most apparent along the inner side of the ligament of the patella, or that portion of the ligament which intervenes between the patella and the tuberosity of the tibia. It is of a somewhat globular shape, is elastic, and fluctuates. There is no discoloration of the skin; the subcutaneous veins are not enlarged; nor is there any preternatural heat. It was first noticed about eight months ago, and the woman received a blow on the part five months previous to that time. Its growth has been painless, but there is an occasional sensation of soreness, particularly after exercise.

This is not a case of housemaid's knee, properly so called, which is a dropsy of the normal mucous or synovial bursa which is interposed between the patella and the integument. The bursa seated beneath the ligament of the patella, between it and the tibia above its tuberosity, is at fault here, being distended by its natural secretion far beyond its normal limits.

In their natural condition, these closed synovial sacs, be they subcutaneous or deeply seated, are closed bags lined by a pavement epithelium, and secreting a fluid, which rarely more than keeps their inner surface moist. From some local cause, as, for example, pressure, friction, or, as in this case, a blow, chronic inflammation sets in, which results not merely in a hypersecretion, but in positive dropsy. The fluid is albuminous, and, in recent cases, of a pale straw color and of a greasy feel. In more advanced stages, the contents become thicker, and are sometimes mixed with blood or cholesterine, and it occasionally happens that the sac becomes obliterated by fibrinous exudation.

Dropsy of this bursa cannot be mistaken for any other affection. It is seated too low down for disease of the knee-joint. Its indolent, slow, and painless development, elasticity, fluctuation, circumscribed and globular form, freedom from pulsation, elevated temperature, and enlargement of the superficial veins, serve to distinguish it from other tumors. It sometimes happens that these sacs become the seat of abscess; but then redness, great and diffuse swelling, heat, tension, and constitutional excitement, attend this condition.

These tumors are to be treated upon the same principles as cysts elsewhere. If recent, they may disappear under the local application of tincture of iodine, an acetic solution of hydrochlorate of ammonia, or blisters, the limb being in the meanwhile kept at rest on a splint confined by a roller applied from the toes to the middle of the thigh. A palliative operation may be practised by evacuating the contents of the cyst, and endeavoring to approximate its sides by a compress and a well-applied bandage. But efforts to disperse the tumor by any of these plans generally prove abortive, and some means to effect a radical cure must be instituted. For this purpose some irritating fluid may be thrown into the sac, or a few silk threads may be inserted. The operation by the seton is to be preferred, because by moving the threads backward and forward, exactly the amount of inflammation desired can be excited, and the thread then withdrawn. When an irritating fluid, as the diluted tincture of iodine is injected, on the other hand, the amount of resulting inflammation cannot be controlled; it may be too severe, or be insufficient to bring about obliteration.

The fluid was drawn off by a delicate trocar and canula, when four silk threads were passed through the cyst, and their ends loosely tied together. When the tumor has become about two-thirds of its original size, the threads will be removed, as by that time sufficient lymph to secure obliteration of the sac will have been deposited. Strict rest of the limb was enjoined upon the patient.

Scirrhus of the Breast.

This woman, æt 64, the mother of ten children, has an affection of the right breast, of four years standing. She ceased to menstruate fourteen years ago. Four years ago her attention was first attracted to the right nipple by an

itching sensation, and on lifting the breast there was a bloody discharge from the milk ducts. A short time after a small tumor as large as a hazel nut was observed at the seat of the present growth, at the upper and inner side of the breast.

The physiognomy of the disease is now so marked that its nature cannot be mistaken. It is a peculiar form of scirrhus, atrophic or senile scirrhus, protracted or chronic in its progress. There is retraction of the nipple to a slight extent. In this form of scirrhus, the retraction of the nipple is not so characteristic. The woman complains of sharp, shooting pains. The tumor is of stony hardness, a consistence almost pathognomonic of scirrhus. It is not larger than a small lemon; has a lobulated, inelastic, knobby feel, and can be raised from the subjacent muscles. Around the hardened mass there are little shot like bodies under the skin, secondary cancerous growths. The lymphatic glands of the axilla are enlarged. Lymphatic involvement is of comparatively early occurrence in scirrhus. The circulation in the skin over the enlarged mass on the breast is becoming impaired, and in the course of a few weeks an open ulcer will form there, which will give rise to a sanious, ichorous, offensive discharge.

An operation was advised, with the view of preventing the formation of an ulcer, which will become the seat of a foul discharge. The axillary involvement is limited; the breast is not adherent to the subjacent tissues; and the secondary cutaneous growths can all be removed with the breast. When ulceration sets in, the neighboring lymphatic glands will become more and more contaminated; the breast will contract firm adhesions to the pectoral muscle, which will eventually partake of the cancerous action; the secondary growths will multiply; the suffering will increase; and the cancerous cachexia will become well marked. For these reasons an operation is not only justifiable, but imperatively demanded. But the patient desires time to think the matter over. In the meanwhile, she was directed to wear a rabbit skin or a piece of piline over the breast, to ward off friction, and break the shock of any accidental blow, which might otherwise excite acute action.

Cystic Tumor of the Jaw Bone.

Mrs. A., æt. 38. About a year and a half ago this patient first had a little pain in the jaw bone. She is now affected with a tumor on the left side of the lower maxilla. It is covered by the mucous membrane of the part, the vessels of which are somewhat enlarged. The tumor extends from the right lateral incisor back to the second molar tooth of the left side, is smooth, of an irregular ovoid form, about the size of a large hen's egg, and involves both the alveolar and basilar borders of the bone, thinning and forcing away from each other its two plates.

It is not a malignant tumor, because it is of tardy growth, there are no adhesions, infiltration or discoloration of the surrounding soft parts, no involvement of the neighboring lymphatic glands, on appearance of ulceration, and no enlargement of the subcutaneous veins Cancer of the jaw bone almost always occurs in the form of encephaloid.

The outer and inner walls of the jaw bone are very much expanded, very thin, crackle under pressure, and just over the anterior dental foramen, there is decided fluctuation, the bone having undergone absorption, and been replaced by membrane at that point. It is a cystic growth of jaw bone, not at all uncommon.

These cystic growths are either simple or multilocular, the latter being infrequent. When they acquire a very large bulk, they have had applied to them the names osteo-sarcoma and spina ventosa. As all the teeth have appeared on the affected side of the jaw, the cyst is not a dentigerous one, which it might be assumed to be if one or more of the teeth had never appeared on that side.

Such cysts are to be treated either by evacuating their contents and injecting some irritating fluid or, if they be of large size, by excising a portion of the jaw bone. This latter operation would not be the proper one to perform here In this case it would be preferable to excise a small portion of the posterior wall of the tumor, and stuff the cavity with lint, thus setting up a granulating process by means of which the walls of the cyst would contract, and return to their normal relations.

The patient refused, however, to submit to more than the evacuation of the contents of the cyst, which proved to be a gelatinous, straw-colored fluid.

Bronchocele.

Mrs ——, æt. 29. This woman has hypertrophy of the thyroid gland, first noticed when she was seventeen or eighteen years old. Both the lateral lobes and the isthmus are enlarged, forming a painless growth which is readily distinguished from anything else. It is of slow formation; there is no discoloration of the skin nor enlargement of the subcutaneous veins. When she swallows, it follows the motions of the

larynx. The lobes of the thyroid gland may be so enlarged as to make pressure on the carotid arteries, receiving their pulsation, and simulating aneurism. But when the patient bends forward the tumor may be separated from the cervical vessels, thus establishing the diagnosis.

Goitre is not at all uncommon in the mountainous regions of our own country, particularly in Vermont. In the Alps it is frequently combined with cretinism. On cutting into it, it would be found to consist of the normal structure of the gland, hypertrophied and interspersed with numerous small cysts containing a serous fluid.

This tumor might be treated by starvation, by tying the thyroid arteries. This procedure has not been attended with very promising results. A seton might be passed through it, as first recommended by Celsus. But such an operation would be very dangerous. Again, the gland might be extirpated, which has been done with success. But no surgeon at the present day would think of performing this extremely bloody and fatal operation. In treatment, dependence must be had upon sorbefacient remedies. It was in this affection that iodine first obtained its reputation in the form of burnt sponge.

The patient was directed to live on light diet for a week, and to take every other night, five grains of blue mass, five of jalap and one of ipecacuanha, in order to prepare her stomach for the administration of six drops of Lugol's solution of iodine, largely diluted with water, three times a day. Locally she was directed equal parts of compound iodine ointment and camphorated mercurial ointment, to be rubbed in twice a day.

A Parasite in the Brain.

A very interesting paper was lately read before the Boston Society of Natural History by Professor Jeffries Wyman, and published in the society's proceedings, vol. xii. It was on a thread worm which infests the brain of the snake bird (*Plotus anchinga*, Lin.) The parasite is always found just behind the cerebral lobes and on the cerebellum and not elsewhere.

They were present in seventeen out of nineteen cases, and so far from affecting the health of the bird, seemed to be its normal condition.

This is a valuable contribution to the natural history of entozoa.

—— According to statistical returns from India, it appears that, in 1866, in the Presidency of Madras alone, there were 1890 deaths from bites of serpents.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for discussion—Scarlatina.

Reported by J. W. P. Bates, M. D.

Dr. Fay opened the discussion by reading an essay on the subject, in which he gave a resume of the symptoms, diagnosis, sequelæ, etc.

Dr. Gilman said that this disease was not recognized until the latter part of the last, or the begining of the present century. Withering first described it. In 1690 it was mentioned by Sydenham and others, but their notions were very vague. Now it is so frequently met with that it is easily recognized. The exciting causes are obscure, but it depends upon a specified poison which, without doubt, is contagious or infectious. The period of its incubation is uncertain. There is no positive prophylactic. Hahneman spoke of belladonna being such, and in 1819 it was used in an epidemic in Germany, and out of 119 children exposed, only fourteen took the disease. A large dose was used in another instance and all escaped. A number of physicians have testified to its good effects, but others say it has no beneficial influence on the disease. I have used it frequently, and where it has not prevented the disease it has so modified it that fatal cases are comparatively rare. The sequelæ usually depend upon improper treatment. This disease is purely a blood-poison, and the treatment should be by elimination. Dropsy and other sequelæ are never seen where the secretions are kept free; they all result from retained poison. My treatment is elimination by keeping up the action of the skin and kidneys by means of diuretics and diaphoretics. I also use chlorine. I cannot recall a single fatal case in my practice.

Dr. Arnold said this subject may be most profitably discussed by each one telling his experience. Belladonna has entirely disappointed the expectations of its great virtues as a prophylactic. It was introduced by Hahneman and Dr. Hufeland was won over by the number of favorable cases. In course of time experiments were made with it in Germany, France, England and America, which were unfavorable and did not corroborate the former statements. I have used it frequently in a practice of twenty years, and the negative results have entirely overpowered the positive. To one child in a family I gave belladonna, to another I gave nothing, and the result was the same. It has failed in

public institutions, and the profession generally is agreed as to its uselessness. A very small proportion of children exposed to scarlatina take the disease whether we do or do not give belladonna. There is hardly any data in regard to the treatment. In some epidemics almost all of those attacked get well, whilst in others a very large proportion die. We are ignorant of the specific poison which produces it. All exanthemata (with hardly any exceptions) will attack persons but once. Some say that one attack exhausts the matter in the blood, and destroys the nidus. This, however, is a flimsy explanation. What is the thing which gives nutriment to this specific poison, and which this explanation assumes is present but once in a life time? It occurred to me that it might be explained in a different manner. Infantile life is peculiar. Croup is peculiar to children, and is not the same in the adult. There seems to be something peculiar to childhood which favors exudation of lymph, and these poisons may find something in the blood of childhood which is not found in that of adults, and which favors their influence. It is highly important to know by what symptoms to form a proper prognosis. I judge often from the color. When the rash is of a clear, bright, scarlet color, nothing dusky about it, we generally form a favorable prognosis. In the anginose variety, when there is great inflammation of the fauces, when the tumefaction of the pharynx is of a bright pinkish red, not spongy, the prognosis is favorable however the other symptoms may be. When there is tumefaction about the neck the prognosis is favorable if the feeling on touching is doughy and soft, not hard like cartilage. One sequelæ of scarlatina, hydrothorax, is frequently overlooked. The attention is usually directed to the dropsy and the effects on the kidney. Hydrothorax and even pyothorax are frequently present, and are very obscure and quite fatal. This disease is but little under the control of medicine. Cleanliness, rest, diet, keep up the functions of the skin, etc., the best that we can do.

Dr. Kinnemon said that he was not a contagionist and believed that this disease was governed mainly by atmospheric influence. It was epidemic here 25 years ago. It started in the eastern part of the city, then left and appeared at the western end. It was very malignant and not recognized as caused by contagion. I consider sore throat an unerring symptom, and have never seen a case without it. There is very little difficulty in distinguishing it from other epidemic diseases as it always commences with vomiting. I never saw any good from belladonna. Mild cases require but little treatment, except keeping the kidneys active. I used to bleed in my early practice, but in malignant cases this was generally fatal and now I am afraid to leech or blister.

Dr. Jones said that he considered scarlatina to be a zymotic and infectious disease, but not contagious. It is the result of some specific poison in the blood which so acts upon the fluids that second attacks are prevented. There are three varieties, viz., simple, anginose, and malignant. The most important point in the consideration of the disease is the sequelæ, as scrofula, atorrhœa, renal affections, anasarca, etc. Of these the most important are the renal affections and anasarca. The latter makes its appearance about the 30th day, and is more frequently met with in mild cases from want of attention and taking cold. Acute nephritis is produced, and dropsy, hydrothorax and albuminuria follow. Sometimes a very troublesome bronchitis follows, which may end in death. Mild cases require but little treatment. In the malignant, eliminatives, vapor bath, tonics, etc. It is necessary to find some antidote to the specific poison, and the combination of quinine, tr. ferri chlor., and muriatic acid is nearer a specific than any other.

Dr. Erich said that it is usually asserted that if women are attacked within three days after delivery the case is almost always fatal. He knew of two cases which were so attacked, yet they both recovered.

Dr. Arnold said that one of the most common sequelæ is uræmia. Some succumb as by shock. In these cases cerebral symptoms are the most common, which some have attributed to arachnitis or effusion in the ventricles, and for which they have directed their treatment to the brain. This is a false notion. The cause is that the urea in the blood is not eliminated by the kidney. Frerichs has proved by experiment that the urea is converted into ammonia. Practitioners are in the habit of giving up such a case as hopeless, but it is not necessarily so, for hot baths will do much good. For the asthenia Dr. Jones proposes tonics. These cases gradually recover, but it is not owing to the tonic treatment. The formation of red corpuscles is a very slow process, and I cannot see that iron facilitates it. The same state of things may be seen in chlorosis, where the return to health is very slow, not from the want of iron, but probably from some derangement of inervation. More benefit will result from good air, warm clothing, nourishing food and sunshine than from medicines. All know the great improvement in the treatment of smallpox,

introduced by Sydenham, in allowing good air, water, etc., and I think the same treatment is available in all the exanthemata.

Dr. Helsby said that it is well known that urea is isomeric with cyanate of ammonia, the only difference being in the arrangement of the atoms. A slight change may therefore give rise to serious trouble.

Dr. Noel inquired whether any gentleman had noticed any symptoms similar to those of poisoning by hydrocyanic acid, especially the asthmatic symptoms.

Dr. Arnold said that asthnia is generally a very favorable symptom in poisoning by hydrocyanic acid, and I do not remember having seen it in scarlatina, but only coma and convulsions. In regard to the chemical changes, there is some body introduced which interferes with the metamorphosis of tissue. The treatment should be directed to the skin. No antidote has been suggested by chemistry.

Dr. Helsby. The sulphites and hyposulphites have been used, but I cannot say from my own experience whether they are worthy of trust or not.

Dr. Williams. Does Dr. Jones deny the contagiousness of scarlatina? If so, I cannot agree with him, for I cannot believe that it is not contagious any more than I can believe that smallpox and measles are not contagious. All diseases accompanied by desquamation are not only contagious but portable. Scarlatina has been known to be retained in woollen clothes for 18 months to 2 years. A fact of this kind would be proof positive of its contagiousness. An important question is: When does the power to reproduce itself cease? This is frequently a puzzling question in practice. In regard to the chemical view of the subject as presented by Drs. Arnold and Helsby, it is well to remember that organic chemistry in the human body is different from that under our eyes, because it is modified by the vital process. The sulphites and hyposulphites ought to be and would be specifics if chemical treatment were correct. I am not willing to trust to them when death seems imminent. Then I give stimulants. I have seen cases die in 12 hours from asthenia without coma or convulsions; others in 4 hours from convulsions, others from coma. If the poison acts chemically why such different results? I am afraid the theory is not confirmed by experience.

Dr. Noel. What are the symptoms of this asthnia?

Dr. Williams. Nothing but prostration. I am not satisfied with Dr. Arnold's treatment, and am afraid he has gone too far in his opposition to medical treatment. Tepid sponging or baths are undoubtedly good, but almost all cases demand active interference. Mild cases will get well but malignant ones require prompt action. Diffusible stimuli will frequently avail much. I remember one case in which I was summoned three times because they thought the child was dying. I gave carb. ammon. and quinine, and in three hours the benefit was plainly to be seen. I never abandon a case so long as the child is alive.

Dr. Jones. I do not believe the disease is truly contagious, for that implies contact. It is propagated in the same manner as malaria, and is dependent upon local causes. There must be some predisposition in the system, for one child in a family may have the disease and all others escape.

Dr. Arnold. If a child has coma and convulsions they cannot be owing to any other cause than that some nerve centre has felt the force of this change, and they do not harmonize with the other symptoms of asthnia.

Dr. Williams. At what period in the disease is it contagious, and when does the power to reproduce itself cease? We are often worried by patients and their friends inquiring when it will be safe to bring those home who have been removed to escape the disease. So far as my reading and experience goes, this is a very undecided and indefinite question. If we believe the books it admits of no answer. Cases are mentioned of the disease having been contracted from the clothes after two years. Dr. Chapman reports a case in which the family went to the country during the summer, yet nine days after their return one of the children contracted the disease and died. Is this really contagion or only a coincidence? Another question: What relation do scarlatina and diphtheria bear to each other? Is it similar to that existing between phlegmonous erysipelas and puerperal fever? I have seen so many cases of scarlatina and diphtheria running into each other, that I think there must be some intimate relationship existing between them. I treat them both alike by tonics and stimulants. The albuminuria of scarlatina differs from that of Bright's diease in that, so far as my experience goes, nearly all recover. We find albumen, tube-casts and other things usually considered pathognomonic of Bright's disease in these cases, yet the result is different from that met with in true disease described by Bright.

Dr. Arnold. With regard to the contagiousness of scarlatina there is one peculiarity in common

with the other exanthemata. In syphilis any one exposed will be affected, while in exanthemata another element must be present beside the specific poison. There must be some peculiar state of the atmosphere and of the system to produce the effect. These diseases are not the same but are convertible into a low form of fever. The time may come when we can refer all the forms to a common principle. Diphtheria belongs to the same type that scarlatina does, and is very easily converted into a low form of zymotic disease. We either treat upon general principles, or are dependant upon empirical remedies, for our books leave us in the lurch. I generally give the advice to keep children away from home as long as there are any cases of the disease in the neighborhood.

Dr. Erich spoke of the effects of disinfectants in purifying the house, and advocated the use of sulphurous acid and heat.

Editorial Department.

Periscope.

Drug Inspections.

We have occasionally spoken of the propriety of instituting some kind of a check on the adulteration of drugs. The Cincinnati Academy of Medicine has lately been moving in the matter. At its instigation a committee lately was appointed which presented to the Board of Health a recommendation that an Inspector of Drugs should be appointed. His duties are defined to be "to examine and test all such articles as are kept in drug stores, and that are used in any way or manner in compounding or preparing medicines, or used as remedies for the cure of diseases. All drug-stores located within the city limits should be subject to inspection, and all retail establishments shall be inspected at least twice each year. All medicines manufactured, prepared or compounded for the cure of diseases, and sold, or offered, or intended for sale in this city, under any name or title whatever, shall be subject to inspection. The Inspector shall keep a book in which he shall daily record the results of his inspections, giving the name and his opinion of the quality of the article inspected, the name of the person or persons who are reported to have been the manufacturer or compounder of such articles, also the place and date of such inspection, and the name of the owner or agent of any such articles inspected. The Inspector shall also examine and note the manner and care with which medicines are kept and handled; he shall also examine and test the scales, weights and measures in use in every drug store. The Inspector shall report in writing to the Board of Health every month, and whenever required to do so, the name of the owner of each drug store examined, and shall state the quality and condition of the medicines and drugs kept in such store: the precaution observed for the prevention of accident that may be incident to or grow out of handling, compounding and selling of medicines; also the respect paid to, and the observance of, the United States laws regulating the sale of poisons, and also his opinion as to the qualifications of the owner or agent, and the various clerks and other persons employed in such stores.

"The Inspector shall not in any case give certificates to owners or agents of drug stores, nor to the manufacturer of medicines of the quality of the medicines found therein, nor as to the qualification of any persons, employes in any such store, but shall report to the Board of Health concerning such facts as above specified.

"Each retail druggist, or the agent of such store, shall pay the Inspector two dollars and a half for such inspections made of his establishment; each wholesale drug store and such drug houses as do a wholesale and retail business, shall pay the Inspector ten dollars for each inspection; every owner or agent of a drug mill, and of each establishment manufacturing or carrying on the business of compounding medical decoctions, tonic bitters, cough mixtures, or syrups, or medicines, compounds of any kind made under any name whatever, shall pay the Inspector twenty dollars for each and every inspection made of every such establishment in this city."

Congress of Physicians and Naturalists.

The Forty-second Congress of German Naturalists and Physicians is now sitting at Dresden, where the royal riding school, properly fitted up for the purpose, has been liberally granted by the government. It was opened in the presence the Crown Prince Albert, the State Ministers Von Falkenstein and Van Nostiz and a number of celebrities. The opening speech by the venerable President, Court Councillor, Dr. Caras, of Dresden, member since 1822, greeted in appropriate terms the assembly, which was next addressed by the Vice-President, Dr. Schlomitsch, followed by his Excellency, Von Nostiz who requested the floor in order to greet the Congress on behalf of the Saxon government.

Professor Dr. Virchow, the well known eminent pathologist, who was loudly applauded, next addressed the assembly. He dwelt upon the necessity of reorganizing instruction in natural science as soon as the system of armed peace under which the people groaned heavily, should be abandoned by despotic governments. If Europe would maintain its high position for intelligence, another form of instruction must be found. Natural science should no longer remain in that position it has passively held for so long a period within the State. It must be taught in all schools, untrammelled by sectarianism, and not for material results only, but for the advancement of general culture. Its opponents speak of its dubiety, but everything that progresses, everything living is naturally subject to change. Therefore knowledge must not be dogmatically transmitted, but its origin must be generically explained and comprehended. The efficiency of the press in popularizing science gives each one the means of following out its progress on a sure basis. A previous speaker had thanked governments in matters respecting the eclipse; he must, however, add that a plain, simple journalist had been the first to incite expeditions. If the fallibility of natural science is spoken of, it is no less observable in other branches. Even the rigidity of dogmas is subject to change, and the same church which damned a Galileo, has sent the renowned astronomer, M. Secci, a Jesuit, to observe the eclipse, amounting only to a shadow. "Let us hope," said Professor Virchow, "that a durable peace will afford the opportunity to mankind of obtaining a correct knowledge of creation. Freedom of thought is the most essential. But it is indispensable to possess self-knowledge, self-vision, and self-sacrifice. Where this is lacking, it must be supplied by instruction, by museums, etc., which not only show what exists, but how it exists. May the press assist, as it has done almost exclusively till now, so that each one may become what he should be, a mentally independent being."

At the conclusion of this peroration, His Majesty, King John, conversed with Professor Virchow and other notabilities, and soon after, the meeting adjourned, to assemble again on the following day.

—— Albrecht Theodor Middeldorpf, the eminent Professor of Surgery, died at Breslau on the 29th of July. He introduced the galvano-caustic, and made other valuable contributions to the science of medicine. He was born July 3d, 1824.

Reviews and Book Notices.

NOTES ON BOOKS.

A French lady, the widow of a celebrated physician in one of the agricultural districts of France, has written, under the title, *Le Docteur au Village*, a familiar treatise on hygiene and the laws of health, for the benefit of the unlearned rustics in her native country. The book gives, in the form of dialogues between a countryman and his doctor, a regular and most excellent series of lectures on the methods by which the health of individuals, families, and communities should be preserved. The style is so perfectly simple that a child may profit by reading the volume.

A fair translation of Madame Mounier's book would be a valuable addition to our popular hygienic literature.

"Cholera as it appeared in Fort Smith, Arkansas, in the Fall of 1866; with a few Thoughts on the Nature of the Disease and its Treatment," is the title of a pamphlet of seven pages written by Dr. E. R. Duval, and published at Fort Smith, Ark., last year. It fills up a chapter in the history of that dreaded disease and should find a place in the library of collectors.

A useful treatise for those who are interested in life insurance, and who are sufficiently posted in German and the calculus to master it, is W. Lazarus' *Ueber Mortalitätsverhältnisse und ihre Ursachen*. (Hamburg, 1867, pp. 40.) He approaches the question of the chances of life from a somewhat different point of view from his predecessors, and suggests a new formula for computing the tables.

The *November Magazines* are promptly on our table. The *Atlantic Monthly*, one of our best monthlies—of so established a reputation that it can occasionally afford to try the patience of its readers with an indifferent article. The *Galaxy* comes with an attractive table of contents. It seems to be a part of the plan of the publishers (Sheldon & Co., N. Y.,) to give a communication in each number from a medical man. Dr. T. E. Clark contributes a very good article to this number on Indigestion. There is, besides, the usual quantum of light, historical, and miscellaneous reading. The illustrations form a distinguishing feature of this magazine, and they are well executed.

The Juvenile magazines reach us in force. *Our Young Folks* (Ticknor & Fields, Boston);

The Rivereide (Hurd & Houghton, N. Y.); *The Children's Hour* (T. S. Arthur & Son, Phila.); and the *Little Corporal* (Alfred L. Sewell, Chicago); all possess features of excellence that makes it hard to choose between them. *The Little Corporal* appears this month in a new and very neat dress. It is the cheapest of this class of magazines, being only one dollar a year and well worth twice the money.

Transactions of the Fifteenth Annual Meeting of the Medical Society of the State of North Carolina, May, 1868. Wilmington, N. C., 1868. 1 vol., paper, pp. 70.

Proceedings of the Convention for the Organization of the Nebraska State Medical Society, held in Omaha, Nebraska, June 24th, 1868. Omaha, 1868, 1 vol., paper, pp. 28.

The North Carolina Society exhibits commendable signs of professional activity. It is peculiarly gratifying to witness this, in view of the depression which now exists in social and intellectual life throughout the South. Quite a number of physicians were in attendance at the meeting which was held at Warrenton, and several of the papers submitted for publication are fully worthy of being preserved.

The Modern Treatment of Internal Inflammations, by Dr. W. A. B. Norcom, Gunshot and Bayonet wounds healed by the First Intention, by Dr. E. Porter, and Sundry Surgical Cases, by Dr. J. F. Shaffner, are the titles of the most conspicuous. The amended Constitution of the Society and full minutes of the meeting are included.

The State Society of Nebraska has been organized under fair auspices, and with a respectable roll of members. Dr. S. D. Mercer, of Omaha, being Permanent Secretary. This first of its publications contains its constitution, minutes, and code of ethics. May it be the first of many, all prompted by the same intelligent spirit.

Klinik der Ohrenkrankheiten, Ein Handbuch für Studirende und Aerzte von Dr. S. Moos, Praktischer Arzt und Docent an der Universitat in Heidelberg. Mit 26 in den Text gedruckten Holzschnitten. Wien, 1866. Wilhelm Braumüller. 1 vol. 8vo. pp. 348.

This is an excellent practical work on disease of the ear. It is divided into two parts, one general the other special. The former treats of the physical examination of the middle and inner ear. Here the subjects of rhinoscopy and pharyngoscopy, the examination and catheterism of the Eustachian tube, the Politzer manometer for detecting the vibrations of air in the tympanic cavity, and Helmholtz's theory of the perception of tones, are carefully discussed, and with sufficient fulness for the general student.

The special portion is taken up with the diseases of the outer, middle, and inner ear and Eustachian tube, with careful direction for their diagnosis and treatment.

The paper and type are admirable, such as we almost never see in a medical book published in this country, and the woodcuts are executed with great skill.

A large number of clinical cases are given, in illustration of the principles and practice of the author.

Transactions of the Eighteenth Anniversary Meeting of the Illinois Medical Society, held in Quincy, May, 1868. Chicago: 1868. 1 vol., paper. 8vo., pp. 110.

This volume contains the minutes of the meeting and a number of original articles. The latter are a report on Chronic Inflammation of the Hip Joint, by Dr. R. G. Boyne; one on Spinal Curvature, by Dr. F. O. Earll; Improved Form of the Endoscope, by Prof. E. Andrews (increasing the light by burning a magnesium wire); Report on the Pathology and Treatment of Epidemic Cholera, by Prof. N. S. Davis; Report of the Committee on Ophthalmology, by Dr. H. H. Roman; two short articles by Dr. E. L. Holmes, one on Position in the Treatment of Chloroform Poisoning, (already quoted in the Reporter,) and on Carbolic Acid in Conjunctivitis; a Report on Obstetrics, by Dr. E. W. Moore; an Improved Form of the Obstetrical Bandage, by Dr. J. O. Hamilton; a Supplementary Report on Practical Medicine, by Dr. E. P. Cook; and finally a volunteer communication on Lithotomy, by Dr. Prince.

Too much of this volume by far comes to us as what Juvenal calls "twice cooked cabbage," *bis crambe repetita*. Gentlemen, in our opinion, have no right to have essays published at the expense of state societies which they likewise insert in medical journals. If they are worth "setting up" twice, they will receive that compliment after the Society's Transactions appear.

The action of the State Society with reference to the Quincy Medical Society seems to have been unsatisfactory. Discussion of the subject was "choked down."

We give elsewhere some extracts from the contents of the volume, which on the whole is very creditable to the society.

—— Professor Huxley has at length arrived at the conclusion which American craniologists—Dr. J. A. Meigs for example—have long maintained, viz., that no one shape of the skull is characteristic of the different races of man.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 24, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

REDUCTION OF PRICE.

It will be observed that in the Prospectus of the HALF-YEARLY COMPENDIUM, published herewith, we announce a REDUCTION OF PRICE in the REPORTER AND COMPENDIUM, by *Prepaying Postage* on all paid Subscriptions.

This arrangement will date from January 1st, 1869.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

HIP JOINT OPERATIONS DURING THE WAR.

A discussion of considerable interest to surgical science has been going on the last eight or nine months in various medical publications. It is on the relative mortality of hip joint operation during the late war. Statistics on the one side are presented by Dr. GEORGE A. OTIS, U. S. A., the editor of the Surgical History of the Rebellion, and on the other by Dr. PAUL F. EVE, of Nashville, both very competent and well known Surgeons. The report of the latter was published in the Transactions of the American Medical Association, while that of the former was issued as a Circular from the Surgeon General's Office.

The number of cases tabulated was not large on either side, twenty coxo-femoral amputations being reported as performed on the Southern side, while in the Surgeon General's office the entire number now recorded as performed by medical officers of the United States Army during the war is only thirty-three. It would not be remarkable in comparing series of figures so limited as these to find considerable disproportion in the results, and such at first was suppossed to be the case. Dr. EVE was persuaded that there was 20 per cent. of recoveries in the Southern, and about eight or ten per cent. in the Northern service. Dr. EVE's deductions were, however, scrutinized critically by a reviewer in the *Buffalo Medical and Surgical Journal*—with undue severity, their author thought, though authors are apt to think this when criticised at all. Their corectness was questioned, and it was intimated that partiality for the side on which he was during the war had warped his judgment. To this he replied with considerable warmth, defending the accuracy of his data, and in turn attributing the reviewer's scepticism to sectional feeling.

In the July number of the *American Journal of the Medical Sciences*, and in the August number of the *Buffalo Medical and Surgical Journal*, Dr. OTIS—at whose request Dr. EVE collected the statistics he published, and who had made a most careful analysis of all the operations on both sides—reviews very impartially and very thoroughly the whole subject, and throws at least very serious doubt on the assertion that in the Northern army there was, as Dr. EVE had stated, "a fatality nearly four times greater than on the Southern side,"—in fact, almost turns the tables, and makes it appear as if the record told quite the opposite story.

It is not our design, nor is it in place for us to enter at large into this discussion. We could not do it without rehearsing details which those interested can easily find elsewhere. But as an item of medical history it has its interest to all, and as influencing the action of Surgeons in future wars, it is of the gravest importance. It were most reprehensible in any Surgeon to allow his wish to magnify the skill of his companions in service so to blind him to his duty to his fellow-man and to scientific truth as to lead him to treat the reports of this most dangerous operation with other than the most unbiased, deliberate, searching criticism.

Let us hope that no personal or partisan acrimony will appear in the search for truth, and that both sides will contribute to our knowledge of military surgery, without alluding to feelings which should now for ever be forgotten.

Notes and Comments.

The Half-Yearly Compendium.

A distinguished physician in the State of New York, who is well known as a writer and teacher, in speaking, in a private letter, of the Compendium, says: "I do not hesitate to commend it to the medical profession of the United States as eminently worthy their patronage. I know no similar work, not excepting *Ranking* and *Braithwaite*, which I think so practically useful to a physician as your Compendium. It is more useful, indeed, to an American practitioner, inasmuch as it gives a synopsis of all important essays, articles, and cases contained in our own medical journals, which the foreign Abstracts pass over, for the most part, unnoticed. But it is diseases, as modified by our own climate, habits, and customs of life, locality, etc., that the practitioner of our country desires to understand, and should be familiar with, if he aims at much usefulness or success in his profession. Your Compendium fulfils this object very satisfactorily. It is comprehensive in its scope, systematic in its arrangement, and supplied with a full table of contents. It is printed, moreover, on excellent paper, in a fair, large type. The names of your collaborators are a sufficient guarantee that the work will continue to be well done. I trust it may meet with the patronage and success which its merits so well deserve."

The Daily Pocket Record.

Orders now receiving for the *Pocket Record* will be held for a new and revised edition which is preparing, and will soon be issued. This edition will have a newly invented *Spring C asp*, instead of the ordinary tuck which is so apt to tear and give trouble. It can hardly fail to give satisfaction. The *List of New Remedies* has been thoroughly revised as well as other portions of the work.

The Reporter in Europe.

A subscriber in New York city, who has been spending some time in Europe, writes: "I was very glad to find your Medical and Surgical Reporter in Europe, in the best scientific societies, and regarded as one of the best papers."

To the above might be added testimonials almost without number, of the regard in which the Reporter is held in all parts of our own country. It is our desire to make it in all respects a creditable representative of American medical journalism, and to this end we earnestly solicit the cöoperation of all our subscribers and readers.

The Globe Pessary.

This instrument which has been described in the advertising columns of the Reporter has been supplied to quite a number of physicians, and so far as we have learned, has given very satisfactory results. It is simple and easy in application, is readily retained, and can always be kept clean.

We have used it in two very obstinate cases in our own practice with complete success. Of the many hundred pessaries in the market we class it with the best.

Sale of Books.

A sale of valuable medical and miscellaneous books will be held at the auction rooms of Messrs. Martin Bros., 529 Chestnut street, on Friday. October 30. They will be on exhibition for three days previously. Catalogues can be obtained and orders executed at this office.

The American Aloe.

Messrs. Brown and Kollock, druggists, of this city offer to furnish physicians gratuitously with the oleo resin and dilution of this plant. It is said to have been found useful as a diuretic and in debility of the genital organs.

Abuse of the Franking Privilege.

The newspapers have called attention to a great many abuses of the franking privilege, but none, perhaps, more glaring and inconsistent than the following, alluded to by a correspondent of the *New York Tribune*. We would premise that Demas Barnes is a noted Patent Medicine Proprietor and Dealer in New York, and a member of Congress:

"Under the frank of Demas Barnes, M. C., I have received a circular, from which I send you this extract:

Lyon's Magnetic Rat Pills, price per doz.....$—
Mexican Mustang Liniment, price per doz..... —
Good's Sirup, price per doz..... —
Darley's Heave Remedy, price per doz..... —
Vaughn's Lithontriptic, price per doz..... —

We propose to create a demand for the above articles—a demand worthy of your attention.

Demas Barnes & Co.

* * * * * * * *

"It is bad enough, I think, Mr. Editor, to ask people to swallow such medicines, but it is a little too much to pick their pockets while doing it—that is what robbing the Post-Office in the above manner amounts to."

The correspondent thinks that Mr. Barnes sets

a bad example to Mr. Ready Relief Helmbold, Mr. Sarsaparilla Radway, Mr. Pain Paint Burnett, and Mr. Cocoaine Wolcott. They will all be boring for Congress nominations!

Roger and Bouchut.

Dr. L. P. Yandell, Jr., of Louisville, Ky., writes to the *Atlanta Medical and Surgical Journal:*

"I am charmed with Roger and Bouchut, at the Children's Hospital. Bouchut is fully six feet high, erect and graceful, and in his elasticity of manner reminded me of Dr. Gross. Roger is a diminutive, round specimen of a man, not more than five feet two, and the gentlest mannered man at the bed-side that I have ever seen. He patted, and fondled, and soothed his little patients as you see tender mothers do their sick children, and whenever he had occasion to disturb or fatigue one of the little sufferers by a more than usually tedious examination, he rewarded it with pennies. As a lecturer he is remarkably humorous, and constantly excites the laughter of his students. In the sick room he is soothing; in the lecture room he is sparkling."

Fougera's Cod Liver Oil.

We take the following from the *Richmond and Louisville Medical Journal*:

Both in this State and in Virginia, private practitioners have been questioned in regard to their experience with this preparation and the testimony has, without exception, been extremely favorable. The general belief is, that the oil is equal to any that is made, and that the blending, pharmaceutically, of iodine and bromine with it, produces more satisfactory results, than where good oil and some preparation of iodine are given separately. The out-door department of Bellevue Hospital has, under unfavorable circumstances, experimented largely with this preparation and with excellent effects. The editor of the *Cincinnati Lancet and Observer* states, that he has "used this oil, in the dispensary of the Miami Medical College and in private practice, with great satisfaction. The addition of iodine and bromine evidently increases the efficiency of the original oil."

All the testimony received has been equally satisfactory and it is believed, that this oil can, with safety and justice, be recommended to the profession.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Poisoning from Tincture of Aconite Root.

Editors of Medical and Surgical Reporter:

I was hastily summoned on the afternoon of October 5th to see a child, to whom had been administered through mistake, a teaspoonful of the tinct. aconite root. The child had been ill for some days with fever, and at the time was under the care of another physician, who was not then available. At his last visit he had made two prescriptions, the one to be taken internally at stated intervals, the other to be diluted and applied to head to relieve pain. The mother in her eagerness to wait upon the boy gave a teaspoonful of the preparation to be used externally.

More than an hour had elapsed between the taking of the medicine and my arrival at the house; why the delay I do not know, as the distance was but a few squares. I found the patient, a boy six years of age, so much prostrated that had there been an epidemic of cholera, and had I no examination to aid me or any previous history, but had to depend upon the appearance of the patient, I would undoubtedly have pronounced it a collapsed state of cholera. The skin was cold clammy, and livid, with a profuse perspiration, there was no pulse to be felt at the wrist, the action of the head was quite feeble and very irregular, the capillaries were scarcely able to be refilled when their contents were poured out. The head was cold, the eyes were natural in appearance, except the dilatation of the pupil, which was extreme, and not at all susceptible to the effects of light. The facial expression was haggard, the nose pinched, the breathing extremely labored, the lungs were filled with mucus, the rattle of which could be distinctly heard in any part of the room. I often feared the little fellow might suffocate from the accumulation of mucus in his throat. His bowels moved several times involuntarily. He continued in this condition for not less than two hours, but during the whole time he could be aroused and made to respond to my commands to "clear the throat," if spoken to sharply.

An emetic had been given before my arrival,

which in all probability saved the life of the child, still I cannot but think that if left then, he would have died; it acted, but not freely. I could see no indications of treatment except that of extreme stimulation. I began the administration of brandy freely; the application of a large mustard poultice to the breast, which I allowed to remain until it blistered; bottles and jugs of hot water to the extremities; this constituted the whole of my treatment. Oftentimes it was with the greatest difficulty that I could cause him to swallow, and frequently I was compelled to relieve him of the accumulated mucus by the introduction of my finger into the throat.

Several times before reaction had taken place, emesis came on, and he was relieved of great quantities of thick tenacious and stringy mucus and with each act I noticed a sensible relief of the patient, from which I conclude, that should I be called to see another case in the same or an earlier stage, I would administer immediately a vigorous emetic, and follow this by the stimulating plan adopted in case above-named. Aconite is a dangerous article and should be used with the greatest care, notwithstanding it is a favorite remedy with the homœopaths, by whom it is given in all febrile diseases. The dose is from two to five drops. How much must have been taken up by the stomach of my patient, it is impossible for us to form even an approximation, but it certainly must have exceeded five drops.

He recovered without any further trouble, and was able much to my surprise and the gratification of his family to take his *next dose* from the other bottle in six or seven hours from the time of the administration of the last.

William Hays, M. D.

Covington, Ky.

Hyposulphite of Soda.

Editors Medical and Surgical Reporter:

In the summer of 1867, four cases of severe remittent fever occurred on board the U. S. S. Dacotah, lying at Panama. The first case was treated with mercurials, refrigerants, diaphoretics, and anti-periodic doses of quiniæ sulphas; complete recovery took place, and intermittent fever did not follow the disease.

The three last cases were treated with the hyposulphite of soda, as I had a suspicion that yellow fever might be present, that disease prevailing on shore at the time, They recovered in about two weeks, but all soon became affected with intermittent fever, which yielded to quiniæ sulphas.

The hyposulphite was given in scruple doses, dissolved with a wineglassful of water, every two hours, night and day. When it could not be borne by the stomach, thirty grains were given by enema, with the same intervals.

At the expiration of four days, two of the patients appeared so much better that I suspended the remedy; this was followed, in about twelve hours, by a return of all the symptoms in their original violence. The use of the medicine was recommenced, and after six or seven doses, the disease was again under control.

I also treated two cases of intermittent facial neuralgia with scruple doses of the remedy, given four times daily. The disease remained in abeyance while the medicine was being used, but returned whenever it was suspended for five or six days. One of the patients had been affected for several years, and he believed that the hyposulphite relieved him more than quiniæ sulphas, iron, or Fowler's solution. The want of permanency in its remedial effect may have been due to the fact that the patients remained at so malarious a place as Panama. The other patient had also rheumatism, and he received more benefit than the first, probably from the action of the soda on the latter disease.

A. A. Hœhling, M. D.,
Surgeon U. S. Navy.

Philadelphia, Sept. 18th, 1868.

Hot Water Treatment of Sunstroke.

[The notice of the method of treating *coup de soleil* by hot water, which we published some months since, has been extensively copied by European jonrnals, and we take great pleasure in laying before our readers details of the plan pursued by Dr. Herron.—Eds.]

Editors Med. and Surg. Reporter:

I had the pleasure of reading in your valuable Journal of the 15th inst., Vol. xix., No. 7, an extract from the Cincinnati *Chronicle*, giving an account of my cases of sunstroke.

As you requested information upon any medical or surgical treatment of disease, whereby the profession and public might be benefitted, I write out the following particulars:

Since the publishing of the above-mentioned cases, I have had one other, and *it* has increased my faith in the "hot water treatment."

My first case of sunstroke, Mr. Loyd J. (a street car conductor) fell from the effects of the heat, about 100 yards from my office, was carried in, and my aid solicited. His pulse was slow, and labored, with extremities cold, the end of his nose, too, was very cold, and life almost extinct. Every muscle was relaxed, and he was fully un-

conscious. I immediately applied very warm water (with large cloths,) to his head, protecting his clothes with large towels. I also freely washed his face and neck with very warm water. I gave him internally three ℥ of good brandy diluted, at irregular intervals, (as he had been a strictly temperate man, its use proved effectual) This stimulated his internal organs, excited the circulation, and gave almost instant relief by carrying away the blood from the brain and heart, where it seemed to be stagnant, thereby equalizing the circulation. In his delirium he said his head was on fire, and called for ice water. Before he fully returned to consciousness, he had thirteen (13) spasms, followed by extreme weakness. Such complete exhaustion I have never seen follow any acute disease.

I kept the young man in my office, from Thursday, 5 o'clock P. M., until Saturday evening, when I accompanied him to the depot, that he might return to his home in the country. While convalescing, I gave him tea, with beef, and other nourishing soups, and kept him very quiet.

My second case was a Mr. S. When called to see him, I found his negro man applying ice-water to his head, I immediately changed from cold to hot water, and put his feet in hot salt water. He told me his suffering was in his head, with complete prostration. He had been in the sun, most of the day, and at about 2 o'clock P. M., feeling badly, called on a physician down town, who prescribed some pills; these he took and they operated upon his bowels, but gave no relief. He fell, just as he arrived at his home, and I was summoned. I treated him as I had my first case, with this exception. He had been in the habit of using alcoholic drinks, so I used as an internal stimulant, liquor ammoniæ acetat. He told me that the cold water his servant had applied, increased his suffering and stupor, but that as soon as I commenced my hot water treatment he felt easier and better. In four (4) hours, the patient's mind ceased to wander, and he felt no pain, but extreme prostration. At the end of the second day, he walked with ease and safety.

My third case was that of a servant girl, Mary E. She had washed during the day, exposed to the rays of the sun, and, as she informed me, had eaten very heartily. I gave her an emetic, unloading her stomach of undigested food; this gave great relief, then followed my treatment as in the other cases, (first especially) with the same glorious result.

In these cases, I found the skin dry and hot, but in less than two hours, profuse sweating took place, with frequent desire to urinate. In these cases where the urine is retained, evil consequences are apt to follow,—viz., uremic poison.

One very noticeable feature in these cases was, that with returning strength came vigor and activity of mind and memory, which is not the fact, in severe cases of sunstroke, when ice or ice-water has been used. I know of several persons whose mind and memory have never fully returned. One case happened twenty years ago, and the man has been silly, and forgetful ever since, and is easily affected by the heat of the sun. Those treated as nature demands (with hot water,) quickly recover both health and strength of body and mind.

I have made very diligent inquiry on this subject, and as far as I can learn, those who have not recovered, died while ice or ice-water was applied to their head, and other portions of their body. A few days ago, a man fell, near my office, from the effects of the sun's heat, and was carried to a hydrant near by, and held under its cool current, and died while the water was pouring upon him.

I know few have used the hot-water treatment, but I have never heard of a death where it has been adopted. I base its use on general physiological laws, and have verified its success, in hospitals as well as private practice.

Thomas G. Herron, M. D.

Cincinnati, O.

News and Miscellany.

Discovery of Phœnician Relics.

An important discovery of Phœnician and Greek antiquities has been made at the village of Dali, in Cyprus, the site of the ancient Idalium, the capital of one of the four kingdoms, and the site of one of the largest temples of Cyprian Venus. The surface covers a Greek burial-place of seven or eight acres. The Greek graves are only about three feet deep: but six or seven feet underneath comes numerous Phœnician tombs, all oven-shaped, and closed in with large blocks of stone. On these being removed, the air within is often so foul as almost to stifle the laborers employed. In these, vases with Phœnician inscriptions and statuettes of Phœnician women are found. The numerous articles, Phœnician and Greek, include gold ear-rings, medallions, finger-rings, statuettes, necklaces, etc.; silver bracelets, rings, spoons, coins, copper and bronze spear-heads, lances, battle-axes,

mirrors, rings, fibulæ, tripots, cups, cooking utensils, statuettes, idols, coins, etc.; precious stones—cornelians, amethysts, rubies, agates, some well-cut scarabæi, glass cups, bottles, plates unguentaries, lachrymatories, ornaments, limestone statuettes of Venus, votive offerings, life-size heads, statues, small sarcophagi, sepulchral columns, figures of animals, teracottas, statuettes of Venus, groups, vases, cups, animals, heads and busts, statues, votive offerings, lamps, etc. Some of the painted vessels are three feet high.

—— The corporation of the Massachusetts school for idiotic and feeble-minded youth held its annual meeting in East Boston, recently. The number of scholars is eighty-five, and many applications have been refused on account of the limited accommodations, which are, however, soon to be extended. The treasurer's report shows an expenditure of $20,701, and a balance on hand of $807.

—— The death is announced of the celebrated William Mackenzie, M. D., of Glasgow, Surgeon Oculist to the Queen. He died at the ripe age of 74. He was the author of the well known able work on Diseases of the Eye, bearing his name.

—— One of the certificates of deaths received at the Board of Health, New York, lately contained the following original statement of the patient's death: "In a word, spasm brought on *from coald inhald into the stomach.*" The address of the physician making the return was given as "Avenue Bee," which makes his orthography less surprising.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Brokaw—Roberts.—In Des Moines, Iowa, Aug. 26th, by Rev. A. A. Dinsmore, Dr. F. V. L. Brokaw, of St. Louis, and Miss Annie C. Roberts, of Des Moines.

Cooper—Black.—On the 14th inst., by the Rev. John Spotswood, D D., Richard G. Cooper, Esq., and Miss Dorcas Armytage, daughter of the late Charles H. Black, M.D., of New Castle, Del.

Doughty—Starr.—At New Canaan, Conn., on Monday, Oct. 12, by the Rev. William A. Desbrisay, of St. Mark's Church, Francis F. Doughty, M.D., of New York, and Hannah M., only daughter of N. W. Starr.

Gale—Gale.—At St. Paul, Minn., by Rev. S. G. Gale, W. J. Gale, M.D., and Louisa S. Gale, sister of the officiating clergyman.

Graham—Tucker.—Sept. 22d, by Rev. D. M. Miller, at the residence of the bride's father, near Florence, Washington co., Pa., G. H. Graham, M.D., of Florence, and Miss Sallie J. Tucker.

Guild—Lincoln.—At Jamaica Plain, N. Y., on the 8th inst., by the Rev. F. B. Perkins, P. K. Guild, M.D., of Jamaica Plain, and Miss Carrie Lincoln, of Charleston, S. C.

Harris—McCready.—Oct. 15, at the Church of the Ascension, New York, by the Rev. Dr. John Cotton Smith, assisted by the Rev. Chas. L. Sykes, Charles L. Hargis, of Glen's Falls, N. Y., and Fanny, youngest daughter of B. W. McCready, M.D., of New York city.

Jones—Knight.—In St. Paul's Church, Oxford, N. Y., Sept. 8, by Rev. Dr. Avarault, G. A. Jones, M.D., of New Berlin, N. Y., and Miss Jennie Knight, Preceptress of New Berlin Academy.

Kelley—Niles.—In Quincy, Ill., Oct. 14th, 1868, by the Rev. Ethan Allen, D.D., of Baltimore, Capt. John L. Kelley, of Cincinnati, and Mary, daughter of Dr. A. Niles, of Quincy.

McCune—Rankin.—At Shippensburg, Pa., on the 6th inst., by the Rev. James Harper, J. A. C. McCune, Esq., and Miss Lizzie J., daughter of Dr. Wm. Rankin.

Noble—Hayes.—On the 7th inst, in the Fourteenth Street Presbyterian Church, New York, by the Rev. Dr. McElroy, Mr. E. Noble, of Pa., and Miss Mary Hepburn, youngest daughter of Dr. Wm. Hayes, of Palisades, Hudson River, N. Y.

Tizzard—Welsh.—On the 1st inst., in Eaton, Ohio, Dr. Samuel B. Tizzard and Miss Louisa Welsh.

Wright—Howell.—At the residence of the bride's father, Oct. 8th, by the Rev. Dr. Henry B. Chapin, of New York, Edward J. Wright, of Greenwich, Conn., and Isabella B., daughter of Dr. A. A. Howell, of Allentown, N. J.

DIED.

Martin.—In Catasauqua, Pa., Oct. 19th, 1868, of valvular disease of the heart, Dr. Franklin B. Martin, in the 47th year of his age.

McGrath.—In this city, on the 14th inst., Charles S., son of Dr. John M. and Eliza C. McGrath, aged 4 years and 2 months.

Orvis.—At Nora, Ill., Sept. 30, 1868 Mrs. Hannah Orvis, wife of the late Dr. Charles Orvis, Sr., formerly of Martinsburgh, N. Y., in the 67th year of her age.

Quimby.—At Jersey City, Oct 13th, after a short illness, Eliza S. wife of Dr. I. N. Quimby.

Seitzinger.—At Reading, Pa., on Friday evening, Oct. 9th, from the effects of an accidental gunshot wound, Dr. Franklin S. Seitzinger.

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Dr. T. B. O., of O.—Priced catalogue sent. Many leading obstetricians dispense with the placental forceps altogether. They are falling into disuse, and if you manipulate carefully, you will not need them.

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Dr. E. B. D., of Ark—"Is it professional to take families by the year for a stipulated amount?" No, it is not, and respectable physicians avoid the practice.

Dr. A. G. T., of Iowa.—"Are druggists who are exemplary men, and who have been practising physicians in good standing, eligible as members of medical societies?" They are eligible in some medical societies. It depends on the constitution of the society. Physicians should be their own druggists more than they are, and the fact should be no bar to membership.

METEOROLOGY.

October,	5,	6,	7,	8,	9,	10,	11.
Wind	N. E	N. W.	S. W.	N. W.	E.	N. E.	W.
Weather	Cl'dy. Rain.	Clear.	Cl'dy.	Cl'dy.	Cl'dy. white Frost.	Cl'dy.	Clear.
Depth Rain	6-10						
Thermometer.							
Minimum	50°	49°	48°	50°	38°	40°	41°
At 8, A. M.	56	58	55	70	47	49	60
At 12, M.	60	64	66	63	53	62	68
At 3, P. M.	61	65	67	62	54	61	68
Mean	56.75	59.	59.	61.25	48.	53.	59.25
Barometer.							
At 12, M.	30.	30.1	30.2	30.	30.4	30.2	30.1

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Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK, deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

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The CALISAYA (or "King's Bark,") is the most valuable of the numerous varieties of the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

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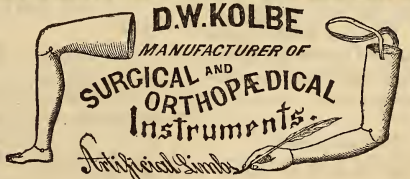

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Will begin on Tuesday, November 3d, and continue until the commencement of the regular term. This course will be principally clinical. A fee of $15 will be charged for this course, but will be credited to the student on the payment of the fees of the regular term.

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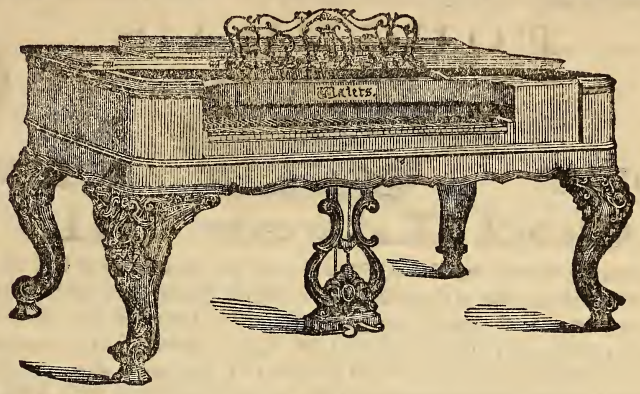

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See Physiological and Therapeutical action of Cod Liver Oil, in the Med. and Surg. Reporter of Phil. 16 *Feb.* 1867.

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This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic, stimulant, and alterative virtues of IODINE, BROMINE, AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING, AND LIFE.

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It is prescribed as a tonic and a stimulant in all cases requiring Iron and Phosphorous. As a nervous tonic no other remedy can supply its place. It is the most active adjuvant of Cod Liver Oil.

Each dragee, or each teaspoonful of syrup contains 2 grains citro-ammoniacal pyrophosphate of Iron.

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DOSE.—For adults, a tablespoonful 3 times a day, and at least two tea-spoonfuls for children also 3 times daily. Each tablespoonful contains 2 grains of Iodine.

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Phosphated

ELIXIR OF

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This elixir composed by E. Fougera contains in addition to the above components, 4 grains of Pyrophosphate of Iron per tablespoonful, and is given in the *same manner and doses* as the above simple Iodinised syrup, and also in same cases, particularly in those requiring Iron.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 609.] PHILADELPHIA, OCT. 31, 1868. [Vol. XIX.—No. 18.

Original Department.

Communications.

OPERATION FOR THE REMOVAL OF A LARGE OSTEO-SARCOMATOUS TUMOR.

By I. Scott, M. D.,
Of Parkersburg, West Virginia.

I have frequently thought that, if the records of Surgery presented the history of successful cases only, the science would be only half complete. This is my reason for laying the following case before the medical profession.

In the early part of May, 1868, I was consulted by Mr. D. T., aged 53 years, a gentleman living near Petroleum, in Wirt County, West Virginia, respecting a tumor of a very large size, as exhibited in the accompanying photograph. It had been 12 years coming. It presented a hard feel, being evidently fibrous or osteo-sarcomatous; being attached to the left scapula, and moving in a very limited manner on the ribs and sub-scapulary structure. He stated that his general health had up to that period been pretty good. But he omitted to mention one very important symptom in his case, which I had no opportunity of learning till after the operation, when the information came too late, namely, frequent attacks of vomiting blood, which occurred every few days, when he would throw up from a half to a whole pint of blood at a time. Had I learned that fact in time I would at once have refused to operate.

Had he mentioned his frequent vomitings of blood, I would have drawn the very natural and just conclusion that his constitution was too far impaired by the deleterious influence of so large a tumor, that it could not bear the shock of an operation. Indeed, I presented no sanguine hopes of recovery, but merely a faint hope of prolonging an otherwise doomed life.

On the 19th of May, 1868, the day of the operation, we minutely examined the tumor. It filled up the axilla, elevating his arm, advancing to the nipple, and extending back so as to occupy a large portion of the scapula, to which it adhered, and extending two or three inches below the inferior angle of the scapula, and beyond the scapula nearly to the spine.

It was a genuine osteo-sarcoma, originating in the inferior angle of the scapula, with an osteo-cartilaginous shell, from two to three inches in thickness, containing a thick cruor-like malignant mass. All this was shown by dissection after the operation. Hence the constitutional ruin.

In the operation I was assisted by Drs. C. McLane, Clark, Williamson, Campbell, Cooper, Coles, Trickle, Van Kirk, White, and Harris. After placing the patient on a table, and bringing him completely under the influence of choroform, an incision was made in a slightly curved line from the superior angle of the scapula, around under the axilla to a point near the nipple, and crossed by another commencing near the neck of the scapula and terminating at the basis of the tumor, two or three inches below the inferior angle of the scapula. The flaps being detached and reflected, and the muscle also being detached from its deep seated connections and the scapula divided near its neck with the chain saw.

The scapula was so thoroughly implicated and imbedded in the mass, that it was found necessary to remove almost the whole of it. After securing the vessels the wound was dressed as usual, with sutures, adhesive straps, and bandages. The loss of blood was small, not more than sixteen ounces.

The patient rallied rapidly after the opera-

tion, his pulse became full and regular; his respirations were natural, and all nausea from the use of the chloroform soon disappeared He slept well during the night, with the exception of some slight returns of nausea. At about 7 o'clock in the morning his symptoms suddenly changed, his pulse became frequent and almost imperceptible; his respirations were labored and frequent; his stomach and bowels became swollen, and his general appearance indicated extreme exhaustion from loss of blood. I examined the wound, but to my surprise not a drop of blood came from the vessels. Without delay I put him upon a resusciating plan, by giving an ounce of best proof spirits with two of strong beef tea every hour by injection, and as much stimulus by the mouth as his stomach could bear, also mustard was used freely over his stomach and to his extremities. This plan was diligently and persistently followed through the day, without much perceptible effect, till between 7 and 8 o'clock in the evening, when he threw up more than a gallon of blood, and in a few minutes expired.

The tumor on the evening after the operation, when a pint or more of the semi-gelatinous contents of its cavity had been discharged, and all the fluids drained away, weighed 8 pounds, 10 ounces; so that its weight before it was removed cannot have been less than from 12 to 15 pounds.

A FEW REMARKS ON THE TREATMENT OF DIARRHŒA.

By Wm. Mason Turner, M. D.,
Of Philadelphia.

In the few lines I may write, I have no idea of going into the subject abstrusely—giving the treatment according to the books—or my friend's, *Dr. So and So's* method. Nor am I purposing to divide, bisect, subdivide, and re-subdivide the diffuse theme, "diarrhœa." My intention is simply and in as few words as possible, to detail my own experience the past summer, and from that experience perhaps I may set forth something which may be practical, and in so far practical—beneficial.

I will premise by saying that I did not have a single case of diarrhœa, or any disease of a kindred nature until the 10th of July; but then they came upon me like the sweep of an avalanche—myself one of the first *victims* upon whom I could experiment.

I am well aware that in treating diarrhœa or anything else, we must *first* look to *cause*. However, cause or not, my treatment has not been entirely governed by any one set of circumstances. I have considered diarrhœa as peculiar to the summer season, and in searching further, any one interested cannot fail to find ample causes why. However, *revenons á nos moutons.*

My treatment for the *first* cases I had in the beginning of the diarrhœa season was in a nutshell (all things indicating it), to wit: calomel and opium in decided doses, seidlitz powder, Rochelle salt, or castor oil nine hours after commencement of exhibition of above. After two good stools, showing action of the mercury, I would gradually check the bowels with vegetable astringents, mustard or spice poultices to belly and stomach, ice in small quantities.

That was the treatment I first instituted, and it was successful. But here lately, I fancied I saw deleterious effects from the use of the calomel. My patients seemed suddenly to grow weak under its employment. I discontinued it at once, and without using the *mercurial* or the *saline and anodyne* treatment, I went *at once* to the astringents—vegetable. I have had some very bad cases of diarrhœa since I commenced this perhaps heretical plan of treatment, and thus far I have not failed to obtain the most satisfactory results. I have had some cases simulating cholerine in their severity, and the plain astringent (and stimulating sometimes) treatment has been employed with fine success. My plan is, to wit: The first thing, give three drachms to four af the following mixture?

℞. Tinct. opii camph.,
Tinct. camph.,
Tinct. zingib.,
Tinct. krameriæ,
Tinct. lav. comp., āā f.℥j. M.

In an hour after, give every two hours, half-teaspooful doses of the above for some six

or eight times. The bowels invariably are promptly checked. One day after the diarrhœa has ceased, open the bowels with ol. olivæ or the castor oil mixture. This practice may not be orthodox, but the stools are healthy, and remain so; and orthodox or not, it is successful.

PATHOLOGICAL OBSERVATIONS INVOLVING THE RELATIONS OF TUBERCLE, ALBUMEN, FAT, ETC.

By John J. Black, M. D.,
Of New Castle, Delaware.

We here propose to lay before the profession the results of some post mortem observations in a large number of cases of persons dead from phthisis pulmonalis.

In many post mortems held upon such subjects during nearly six years of hospital resident life, we have never found the coexistence of tubercle in the liver and a fatty liver. Now, in perhaps most, or at least many cases of phthisis examined after death, we find the liver of a fatty appearance even to the unaided eye, and certainly many more are found in the transitorial stages by the assisted eye. We almost feel that we are making an audacious assertion because the distinguished Louis reported only about one-third of his cases with fatty liver, but such has been our observation. Frerichs found the *amount large* in 67½ per cent. of cases he examined, besides those of the nutmeg character and others with smaller amount. The finding of tubercle in the liver is perhaps comparatively rare. Louis found but two cases in many examinations, but does not state whether or not they were also fatty.

Our own experience is founded on some eight cases of tuberculous liver, and in none of them was there the least tendency to fatty liver. We have found one case reported some thirty years ago (without reference to the point we are now discussing), as one of general tuberculous with fatty liver, and some small, apparently, tuberculous spots in it. All the lymphatic glands in the body were reported more or less enlarged, and many containing tubercles, and from the whole report the case appeared to be one rather of "progressive enlargement of the lymphatic gland" with tuberculosis. If it be substantiated that the presence of tubercle and fat *never*, or rarely, co-exist in the liver of consumption, it may prove to be an interesting point in regard to the relations of fat and tubercle.

Again, another observation:

We have tested the urine of a large number of phthisis patients for albumen, and after death examined the kidneys particularly, and found in many cases that the organs were in a granular condition, whilst the urine during life had showed no albumen. A few on the other hand had shown the existence of albumen in the urine.

Of course we know that now and then in granular diseases, etc., of the kidneys, especially in the latter stages, we find little or no albumen, yet in these phthisis cases the proportion seems so great as to need a cause to explain it. Now the peculiar relations of albumen and tubercle are such as may at some future day give rise to an explanation of this, to me, apparent fact. We throw out these results of observation with the hope that others may think them worthy of further pathological investigation.

INCREASE OF POPULATION IN THE WEST.

By P. J. Farnsworth, M. D.,
Of Clinton, Iowa.

The Boston philosophers, who are making such an outcry about the decrease in native population, and the decline of old families, may find good reason for their complaints in Boston or other Massachusetts villages, but if they apply their theories to the rest of the country, they are empirics or the victims of a too hasty generalization, which, if they will get some reliable statistics from any part of the West, they will be convinced of.

In this city, on the west branch of the Mississippi, numbering about six thousand inhabitants, the "oldest inhabitant," has been about ten years. That is, the oldest child born here is about that age. The number of children, between five and twenty-one, for whom public school money is drawn, is over sixteen hundred. Two-thirds of them are

under fifteen. The number of children under five is somewhere near two thousand.

There are a large number of unmarried voters, and the largest vote cast yet was seven hundred and fifty; this fall it will be between eight and nine hundred.

Of the nativity of the people, one-half are from New England and New York, one-fourth from Pennsylvania, Ohio, and other States, one-fourth foreigners, from all nations of Europe—Germans and Irish predominating Among the native American population, large families are the rule, and are fully equal to or outnumber the foreigners. Criminal abortions are sometimes produced, but are not common or alarmingly prevalent. One child a year, among the best families, is by no means uncommon. I have known of several double births this year, and one case of triplets. The mortality among children is very small in proportion to the numbers, so that soon we shall have a native population which in time may be able to people the "waste places" of the East.

I do not think this is a more favored place than others at the west. Chicago has just as large a proportion of children, as their public schools show, and the native population keeps in advance of the foreigners.

If it was required, I could give you exact figures for this city for two or three years past, to back up my statements. The eastern philosophers have overlooked the fact that the young and vigorous people have left their communities, and that their population is made up of the old people and the feeble ones, that the cause of decline in families is not so much degeneracy as emigration, and that the character of the foreign population is the same in that respect among them that all the population is here. There is probably not a hundred people in this city over sixty years old, and the majority are not over thirty-five, and there is little restriction placed on increase.

There are many conclusions and moral reflections that may be drawn from these facts. I leave those to the philosophers, only holding myself in readiness to furnish the figures at any time, if called for.

Medical Societies.

CHEMUNG COUNTY MEDICAL SOCIETY, NEW YORK.

The semi-annual meeting of the Chemung County Medical Society was held at Elmira on October 6th, 1868, President, Dr. Squire, in the chair.

Dr. Wey read the history of a case in which a patient, aged 23 years, gave birth to her first child, which presented by the breech. Child born alive. After the expulsion of the placenta, a tumor as large as an orange was expelled from the womb, followed in a few minutes by another, similar in size and shape. The tumors were presented. One weighed five ounces and three-fourths, the other six ounces and three-fourths. One was oval in shape and flattened, with a furrow extending obliquely through its long diameter, and dividing the mass nearly equally; the other was also oval in shape and flattened like a kidney, and thicker than the first, and made up of three lobes unequal in size, and separated by a deep fissure.

The tumors were smooth on their surfaces, and numerous bloodvessels were seen converging toward a larger vessel, which, like a stem, appeared to have been the attachment of those products, in one specimen at the very summit of the long axis of the mass, and the other one-fourth of the way from the superior angle, at the margin of the fissure referred to. The tumors were red and vascular externally, and on being cut, presented a fleshy appearance, and blood escaped from the incision. The practical question suggested by these morbid specimens is, what are they, or what have they been? Dr. Wey quoted from Hodge's work on Obstetrics, under the head of Abortions, to show that these growths had originally been placentæ. His conclusions were that *three* ova had been impregnated, that one had gone on to develope to maturity, that the others, from some unknown cause, had perished by the rupture of the developing membranes, and every vestige of them had been absorbed, and that the placentæ, obedient to a law which governs such products, under such circumstances, had been nourished to the full term of utero-gestation, and had taken on the form that was presented in the specimens.

Dr. Velder reported a case, of which the following is a synopsis.

Mrs. N., aged 43, a farmer's wife, short built, with strong bones and obese, carried a child to

maturity in Philadelphia, where she was delivered by cephalotripsy. She was then informed by her physician, that on account of malformation of the pelvis, she would not be able to give birth to a living child at the full time of gestation.

Some years afterward she was delivered of a mature female living child by means of the forceps.

Pregnant a third time, she aborted at the third month.

In her fourth pregnancy, she passed the full term, and was delivered by craniotomy.

In the fifth pregnancy, abortion occurred in third month.

In her sixth pregnancy, abortion at the same period.

At the full term of her seventh pregnancy, she was delivered of a living female child by forceps.

Upon completion of her eighth pregnancy, craniotomy was performed.

The two female children delivered by forceps were very small; those by craniotomy, uncommonly large. She is now pregnant again, and called on Dr. V. for the purpose of having an abortion produced.

The principal point of practical interest in the case was the propriety of inducing labor after the seventh month, and the most approved means of accomplishing such a result. The question was very generally discussed by the members, and the impression unanimous that it would be proper to adopt such a plan of treatment.

Dr. Chubbuck referred to a case under his observation, in which by reason of contracted pelvis, craniotomy at the full term had been resorted to on five occasions. He advised the woman to have labor induced by artificial means after the seventh month, upon the occurrence of her sixth pregnancy. But, preferring the advice of her spiritual adviser, who strongly condemned such a measure, she passed on to the full limit of utero-gestation, and was delivered of a living child after a very brief labor. Child small and feeble, and survived but a week.

The president, Dr. Squire, presented a boy, four years old, who had been under treatment four months for *talipes varus*. The deformity at the beginning of treatment, as shown by a photograph, and the shoes, which the child had worn, was of the most marked character of this variety of affection. The Doctor reviewed the old method of treatment by the division of tendons, and subsequent tedious confinement with adhesive plaster and bandage, and explained the principles, upon which the more recent and rational treatment was based. It was simply to institute a strife or struggle between the muscles, which were unduly active, and the artificial muscles, which are used as helps and supports to those, which are partially paralyzed, through whose lack of power the deformity is made to depend. The operation of dividing the tendons, which are supposed to produce the affection by undue contraction, is wholly useless; inasmuch as it is through no fault of the contracting tendons that the misshaped foot is produced and continued. The treatment does not consist in diminishing their power, but in giving power to the enfeebled muscles on the other side. In other words there is an antagonism between muscles of strength and muscles of lessened strength, and the feeble muscles are to be encouraged by artificial help. Shoes were adjusted to the feet in the case presented, and the sole of the shoe making a fixed point, the artificial muscles were, as closely as possible, placed in the situations which the impaired muscles occupy.

The artificial muscle was exhibited, it is a piece of india rubber tubing, which represents the tendinous origin and insertion. In addition to these means, the Doctor had perfected a foot-piece for use at night, consisting of a plate of tin with a lateral ridge and a heel-piece, so adjusted as to cause the feet to maintain the same position in the night secured by a strap, that they did during the days in the shoes. Dr. S., imputed to this contrivance as much advantage in the management of the case, as should be credited to the shoes.

The boy walked around the room with ease and confidence, his toes pointing outward and his heels firmly resting on the soles of the shoes.

This alone is now required to perfect the cure, the progress of which, from first to last, has been without pain or inconvenience to the child.

The Vesicles of Hydrophobia.

At a recent meeting of the *Académie de Médecine* Dr. Auzias Turenne read a paper on the vesicles which appear under the tongue in cases of rabies. The original seat of the wound he calls the rabid chancre, and considers that the virus and general course of the disease bear a marked analogy to syphilis. Cauterization of these vesicles does not check the disease. When they appear in large numbers and slowly, it may be regarded as a favorable sign. It is well to inspect the tongue frequently in the disease.

Editorial Department.

Periscope.

Disinfectants and Deodorizers.

M. Vekstrael, in a paper read before the Academy of Sciences, of which the *Chemical News* gives an abstract, proposes to attain the conditions required of disinfectants by the following processes: 1. To decompose the sulphide and carbonates of ammonium, the chlorides are employed, either of iron, zinc, or preferably manganese. Sulphates are absolutely proscribed, for the reason that the putrefying matters react on the sulphate of ammonia formed by double decomposition, the final result being the evolution of sulphuretted hydrogen, so that after a little time it is necessary to disinfect a second time. The chloride of manganese proposed as a disinfectant, would be obtained from the chlorine residues of manufactories, a product which is stated to be valueless. The residues contain too much hydrochloric acid to be immediately available: the acid is neutralized either by the oxides of iron or zinc, or by dolomite. By this saturation of hydrochloric acid with lime and magnesia, the value of the product as a manure is greatly enhanced. Experiments on a large scale showed the product to be very rich in nitrogen and in phosphoric acid, and the fluid, after this treatment, was found to contain no phosphoric acid. Manganese, as well as magnesia, has been demonstrated by the recent works of M. Peligot, to be easily assimilated by plants. To render the action of the chloride of manganese still more efficacious, five litres of chloride of lime solution of 12° are added to one hundred litres of the manganese solution. 2. Notwithstanding the value of the disinfectant thus prepared, metallic salts by themselves can effect no complete and permanent disinfection; no influence will be exerted upon the offensive odor, *sui generis*, of the refuse matter. The antiseptic agent introduced for this purpose is tar solidified by admixture of cinders, deprived of sulphurous compounds by exposure to the air for fifteen or eighteen months. In this mixture are contained a considerable quantity of sulphate of alumina, fifteen or twenty per cent. of finely divided carbon, fifty or sixty per cent. of nitrogen, and protosulphate of iron and silica in small quantity. In the place of the solidified tar, the heavy oil of tar residues have been employed with equal success. Lastly, to clarify refuse water, a solution of impure sulphate of alumina, employed in the doses of a kilogramme per cubic mètre, has been found to give very remarkable results; this solution serves to clarify the liquid, and to cause the deposition of the solid matter. A cesspool of 30 cubic mètres, in Rue des Jeuneurs was treated with 650 kilogrammes of manganese and 35 kilogrammes of chloride of lime liquid, then 180 kilogrammes of the aluminous powder with tar. After the liquid had been agitated and allowed half an hour's rest, it was clear and inodorous. The sanitary inspectors and other critics who witnessed the experiment, testified that the matters were completely disinfected. After the liquid had been poured off into the sewer, the atmosphere of the receptacle was tested by the lowering of a light, after which two workmen descended, who found no other odor than a slight one of benzol.

Discharge of a Fœtus Through the Rectum.

Dr. Koehler exhibited recently before the New York Pathological Society, the skeleton of a fœtus that had been passed per rectum. A lady, twenty-four years of age, became pregnant for the second time. The first three months of the pregnancy were passed under continual hypogastric pains. Then, suddenly, a pint of coagulated blood escaped through the vagina, whereupon the pains decreased and discontinued. She went to a physician well-known to me for advice. When he tried to introduce the uterine sound into the orifice, he was unable to succeed. The cervical portion of the uterus was scarcely accessible. The patient consulted several other physicians, who advised her to await events. Normal movements of the fœtus from the end of the fourth month to the end of the pregnancy were ascertained. The prolimina of the birth appeared at the right time. The pains, however, had no effect; they lasted for three weeks, decreased by and by, and finally subsided. Then the secretion of milk took place. The patient became emaciated and cachectic. Two months after the end of the normal duration of pregnancy, a rectitis and an abscess in the anterior wall of the rectum made their appearance, and a quantity of decomposed pus and ichor soon escaped through the rectum. Hairs of a fœtus were detected in the discharged matter. The skeleton of the fœtus then escaped through the rectum within the period of three days. The bones of the cranium following the other bones were removed by means of a polypus-forceps, either entire or broken. The aperture of the abscess was located one and a half inches above

the anus. The diameter of the opening, when relaxed, measured one inch. One month after the evacuation and removal of the bones perfect convalescence and menstruation took place.

The enlargement of the abdomen during the whole period of the pregnancy was uniform, not lateral, and the cervix uteri, even at the end of that period, was for a closer examination inaccessible. The patient was not confined to bed.—*Med. Record.*

Permanganate of Potash.

This salt has been tried carefully in the Jacksonville Surgical Infirmary, and it is reported that from comparative trials made with it and carbolic acid in erysipelas, putrefaction and complications of wounds, permanganate is believed to be greatly superior to carbolic acid and to everything else which has been tried. It is applied over wounds and upon erysipelatous surfaces in nearly a saturated solution. Over wounds it is best applied by laying on a portion of lint saturated with the solution. This is probably the best application to make to bullet wounds and those attendant upon compound fractures. By preventing the putrefactive change in the exudations and effusions, the extension into them of the organizing process is greatly favored. Care should be taken not to apply the solid salt, as it acts as a caustic.

Muscular Rheumatism.

A correspondent of the *Chicago Medical Examiner* writes as follows about this disease:

"Many years ago, Mr. Carmichael, the celebrated surgeon of Dublin, had sciatica gradually creep on him till he was entirely disabled. For some little time, if I mistake not, before he yielded to it, he had to be carried from his carriage to his lecture-room. He had been in the habit of working very hard in his profession, eight hours a day, from breakfast to dinner, without any form of lunch. This proved too much for him, as it probably will for any man.

"When he concluded to be treated efficiently, he came to a hot spring in the Pyrenees, and had a warm bath every day, with a dose of Pil, hydrarg. every night, and seidlitz powder in the morning. This course restored him the use of his limb within a reasonable time. I have tried a similar course with the best effect in old, confirmed cases.

"But the remedies I use in acute cases are calomel in small doses, 1 or 2 grains, with gum guaiac, and Dover's powder, three times a day. The Dover's powder in doses sufficient to soothe the pain, 3 to 5 grs., and the guaiac in 8 or 10 gr. doses. These I accompany with a warm water (with salt) sponge-bath every morning, to be followed by good rubbing, with dry towels. A cathartic of castor oil once in two or three days, if the powders do not act sufficiently, and sometimes if they do act some, is very useful.

"With this course my cases have uniformly yielded. It is quite possible that belladonna would prove a better remedy in these cases.

"In my case, the pain commenced at the sacro-iliac junction, and extended across the back affecting the lumbar muscles. It was attended with a general failure of the secretions, gradual whitening of the tongue, and increased heat of the skin. The remedies gave me relief in a very few days."

Case of Triplets.

Dr. S. M. Ryker, of Lebanon, Ind., reports in the Cincinnati *Lancet and Observer* a case of triplets. Mother aged 35; second labor; head of first child presented favorably; born in twenty minutes, cord around neck; second child, breech, born fifteen minutes after first, cord around chest; third child, head, delivered by second pain after the last, cord around neck. One placenta adherent at fundus, delivered by introduction of hand. Mother had a good recovery; children, two male and one female, were all doing finely several months after birth. They weighed at birth, respectively, six and a half, seven and eight pounds.

Reviews and Book Notices.

NOTES ON BOOKS.

Those who do not read German may be glad to learn that Professor Helmholtz's "Physiological Theory of Music founded on a Study of the Auditory Sensations," has been translated into French by Dr. Guéroult, with the assistance of the celebrated composer Wolff. A fourth edition of Racle's "Diagnostique Medical" has appeared with additions by Doctor Blachet.

Under the title "Des Kystes séreux et acéphalocystiques de la rate," Dr. Magdelain gives an historical account of the operation of splenotomy and a series of reflections on the advisability of the operation.

A handsome contribution to sanitary science is a work by Professor Gwelt of the Berlin Medical School. It is a series of 16 folio plates in chromo, representing the best models of ambulances, chiefly based on the models exhibited at the international exhibition in 1867. A text likewise in folio, explanatory of the plates is attached.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 31, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

REDUCTION OF PRICE.

It will be observed that in the Prospectus of the Half-Yearly Compendium, published herewith, we announce a Reduction of Price in the Reporter and Compendium, by *Prepaying Postage* on all paid Subscriptions.

This arrangement will date from January 1st, 1869.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

MAN IN NATURE.

For a long time the attention of anatomists was directed to the points of diversity that exist between man and the lower mammalia. He was supposed to be a creature *sui generis*, on a plan of his own, with gifts distinct not so much in degree as in kind from other organic forms, a more direct production of Deity, and bearing about him incontrovertible marks of his nobler lineage. Blumenbach pointed in triumph to the absence of the inter-maxillary bone in the human skeleton, and Owen challenged the anatomists to point out any hippocampus minor, or any posterior cornu of the lateral ventricle in the brains of apes. Some denied that these latter animals possessed any feet, in the strictly anatomical sense of that term, and others discovered in the position of the thumb with relation to the other digits, satisfactory reasons for thinking man absolutely distinct from anthropomorphoid monkeys.

But, one by one, these distinctions disappeared before more exact research. The great Goethe, with the eye of a genius, saw and said, that the intermaxillary bone was as really present in the human cranium as in that of the horse. Owen's assertion proves completely erroneous, and in fine, all anatomical peculiarities of the kind diminish to mere questions of greater or less development.

Then Darwin and his followers arose, and from a study of nature pursued with the most microscopic accuracy and marvellous patience, deduced the principle that all those so-called specific differences of form, are merely the greater or less development of the same morphological idea.

As if in corroboration of this idea, just at this time the archæologists and antiquarians brought into the arena of debate their skulls from the Neanderthal and California and Engis, their darts and relics of primitive kitchens from the quatenary, their skeletons of men who lived when the reindeer browsed where now the warm southern sun ripens the grape and orange, and when the mastodon roamed over our hills.

This gives plenty of time for any amount of changes in structure to take place, and removed one of the serious difficulties in Darwinism applied to the human race.

But an unexpected and remarkable impediment to the theory here presents itself—these oldest skulls and most ancient human remains, do not in the least exhibit that degradation of type which it was confidently expected they would. On the contrary, the brain was clearly quite as large, the bones well proportioned, and as indicated by the marks of the insertions of muscles, this extinct race was of vigorous growth and fine manly proportions.

Moreover, they were evidently acquainted with the use of fire, the art of cooking, the manufacture of various utensils of war and peace, and paid some attention to beautifying their persons; all very different from the highest or any type of apes. Of course these facts are regarded with rage and mortification by extreme Darwinists, and they live in hope that the connecting link will somewhere turn up. But as the question now stands, the verdict must be, that while analogy and the general tendency of the most recent researches in natural history are strongly in their favor, the facts so far discovered and recorded of man's earliest history bear decidedly against them.

NEW MEDICAL UNIVERSITY IN NASHVILLE, TENN.

Just what was to be expected, has happened. The disagreements in the Medical Department of the University of Nashville have ended in the formation of a new medical college. It is announced that under the lead of Drs. Paul F. Eve and Thos R. Jennings, two of the ejected members of the University Faculty, the Medical Department of the Cumberland University has been organized and will commence its first regular course of instruction on the 2d of November. Dr. E. S. Gaillard, late of Richmond, now of Louisville, is also named as one of the faculty.

We are very sorry to see this movement. It divides forces that need to act in harmony. Nashville cannot *support* two "medical colleges," much less two medical *universities*. We want medical universities badly enough —but not *two* of them in a city like Nashville. If our friends there *could* only reconcile their differences and expend their energies—and there are few more energetic men—on one school, they might cause a return of the ante bellum days when the Nashville school was the second or third in the country in its number of matriculants. If they cannot do this, would it not be better for them all to retire and let some other parties try to build up *one* good medical school in Nashville?

Virchow and Robin.

These two distinguished physiologists are carrying on a polemic with considerable acrimony in the *Gazette Hebdomadaire de Médecine et de Chirurgie*. Virchow is particularly severe in his criticisms on Robin's *materialism*.(!) The question at issue is among the most obscure in physiology—the significance of the phenomenon of irritation. Robin considers it strictly chemical, while Virchow defines it to be "the faculty which a body has to acquire under the influence of certain agents (irritants), a state (irritation) in which the body's own activity comes into play." He elucidates this definition by adding that these terms *agent*, *state*, *activity*, are not to be understood in any spiritualist sense, but in the sense in which they are employed in mechanics. It looks as if the Berlin professor was swaying back to some mediæval *arche*.

Notes and Comments.

Prof. Meigs' Introductory.

The eloquent and learned Address delivered on the 12th inst., by Prof. J. Aitken Meigs, as Introductory to his course on Physiology in the Jefferson Medical College, has been issued from this Office in a neat pamphlet form. The subject—"The Correlation of the Physical and Vital Forces," is one of interest and importance, and there is no one more capable of bringing it intelligently before the profession. Those desiring copies will receive them by mail, on inclosing twenty-five cents to this office.

Transmission of Impressions from Mother to Fœtus.

Dr. S. P. Crawford, of Greenville, Tenn., reports in the *Nashville Journal of Medicine*, on the authority of "one competent to judge," the following sad case. A lady in the last stage of gestation was burned by the explosion of a kerosene oil can. She lived twelve hours after the accident. The face, legs, arms, and abdomen were completely vesicated, and in many places the skin was entirely destroyed. The movements of the child were felt three or four hours after the accident. A short time before the death of the mother she gave birth to the child at full maturity, but still-born. *It bore the mark of the fire corresponding to that of the mother. Its legs, arms, and abdomen were completely vesicated, having all the appearances of a recent burn.*

A very important physiological fact, if Dr. Crawford was not misled.

Starling Medical College, Ohio.

We are glad to hear that this college located at Columbus, Ohio, still exists. We supposed that it was defunct long ago, and would not now have known of its existence if its trustees had not had the good sense recently to appoint to the chair of Puerperal Diseases and Diseases of Children, our old friend, Dr. T. A. Reamy, of Zanesville.

This college has kept its light hid under a bushel. We hope that Dr. Reamy will stir up its faculty to let the world know they exist. In the olden time there were some good men in it, no doubt there are yet—but we have not seen or heard of an announcement for years.

—— Dr. Charles L. Ives, of New Haven, has succeeded the late Dr. Worthington Hooker as Professor in the Yale Medical School.

Correspondence.

DOMESTIC.

Our "Question in Ethics,"

[Seems to be regarded by our correspondents with the diversity which we anticipated. From several communications we select two which illustrate how variously members of our profession regard the topic, and the necessity of a full and clear understandlng of the subject. We will merely remark, that in regard to the "misconstruction of the early fathers" we applied for information on that point—as it was what old Doctor Rabelais calls *matiere de breviaire* and out of our line—to a learned and prominent clergyman we believe of the same church as the one to which our correspondent alludes, and to the best of our ability reported his words aright —Eds.]

Editors Medical and Surgical Reporter:

Your editorial of the 16th, entitled "a question in ethics," was surely written in great haste. You state, "No physician hesitates to perform craniotomy, or the operation of abortion, where it is evident that the child cannot be born alive." Now I would hesitate in either case, and I am justified in so doing by facts. In the cases of craniotomy that I have had, fortunately the children were dead, this fact being ascertained by cessation of pulsation in the cord; and I was not killing the child, but if not, the recollection of a case occurring in the practice of the late Dr. Nancrede, as related by Dr. Hodge in his System of Obstetrics, page 285, would conscientiously impel any one to hesitate. Here was a woman with deformed pelvis who twice suffered the operation of craniotomy, it taking two or three days each time to complete the operation, which was attended with great risk to life, yet in second labor (1837) and the fourth labor (1839) she had living children by the operation of "gastrotomy," probably living to this day. This case is well worth recalling to the mind of the profession, and would accomplish more good than the assertion rashly made in your journal, the whole tenor of which is bad, and tends to encouraging an evil in the laity, which daily meets the practising physician in his rounds. Many do not need any misconstruction of the early fathers, but qualify themselves and keep a family skewer to destroy the fœtus in the recurring pregnancies. I have attended not long since a case in which abortion was performed by one of our practising physicians of good reputation, for which he received $30. The mother was in great jeopardy, and feels the effect of the operation to this day.

She justified herself on the ground that she should always be in a condition to accompany her husband in his travels, lest some other lady might inveigle his affections from her, and of course that Doctor sustained her in her argument. Who knows in producing abortion that he is not destroying both mother and child. A procured abortion is a very dangerous operation in my opinion, and should not be spoken of in the light phraseology that you have employed. If there is no direct injunction in the precepts of Christianity against the prevention of conception, we know it is a sin against nature, and my religious education impulsively urged me to exclaim in reading your article, What a horrible doctrine! As to the moral guilt, I do not think the use of sponges and sheaths to prevent conception a whit less odious than masturbation. The physician has no right whatever to advise such things. If persons with sickly constitutions will marry, on them be the consequences, not on us. If they cannot conscientiously perform the marital duties without entailing death on the offspring, on them be the consequences, they have free will, and can separate permanently or temporarily as is often advised by good physicians in cases of habitual abortion. I am impelled thus to speak by a sense of duty. I have attended a Mrs. C., in two labors with living children, who had previously on three different occasions by three different physicians been condemned, they stating that in their opinion she ought never to conceive, as she could not bring forth living children. Were they not hasty? and were they not guilty from their haste? In my hands she brought forth living children, one of whom is at present living. This is why I protest against the tone of the article. A distinguished clergyman to whom I applied for information, makes the assertion, that you are in no wise warranted in the statement you have made about St. John Chrysostom, viz., "He saw no evil *per se* in the limited avoidance of offspring by means in themselves innocent." He states that the only means allowable (and which St. John meant) is total abstinence from sexual intercourse. He states further, that if you will call on him he will show you that your whole article is surrounded by propositions condemned by his church. I dislike to find fault with your valuable journal, I am an old subscriber, and this is the first time I have had occasion to do so; but I am satisfied that there are many who with me view such propositions with horror, not only for the intrinsic evil of the doctrine, but

also for the terrible consequences to the human race. The same doctrine would justify the Chinese in their destruction of the cripple and aged of society. M. O'Hara, M. D.

Editors Med. and Surg. Reporter:

In the Reporter of 10th inst., you gave us "a question in ethics." "Is it wrong to prevent conception?" which, after due consideration, is very properly decided in the negative. Sexual intercourse always has and always will, doubtless, be indulged in, and for other purposes than that alone of procreation; leaving out the dark feature of illicit intercourse, this function between man and wife, properly regulated, would seem to have been given as a strong tie of affection, a bond of love and trust. But the laws of physiology are such that—as in all law—the proper conditions supplied a certain result must follow, *i. e.*, conception. But excessive child-bearing is *known* to have hopelessly wrecked the "women whom we remember as blooming girls." It may to some savor of a transcendental morality to say, "abstain from coition except for the purpose of procreation." Say to the parties if you will, "You cannot with safety to your physical or moral nature 'obey the laws of married life' oftener than once in three, five or seven years;" thunder these sentiments in their ears, day by day; spread them out before their eyes in staring type again and again, if you like—and are anxious to "write for the press"—but you only show what an unwarranted confidence you have in the weight of your own words, for they will only *laugh* at you; they may concede the theory, perhaps, but will surely declare it *impracticable.* Thus men have ever talked, and thus have they been answered in word and in practice. Now what shall be done? Men will not abstain, all mechanical appliances are condemned as "generally, if not invariably, tending to produce disease and shorten life." An "imperfect coition" is no more nor less than onanism; the cold water injection—often taken nightly—is, it seems to me, ruining the health of many a woman; the "agenetic period" theory of many physiologists is vague, and the reliability of it in practice doubtful—for who that knows anything of physiology does not know that a woman *may* be impregnated at *any* time.

Now, I repeat, what shall be done? How shall man so use this function—as not abusing—as to be in accord with his domestic, financial and social circumstances? Ought we not, if we are, as we pretend to be, in part philanthropists, in the exercise of our profession, ought we not to freely discuss this question, and *give to the public* all possible light and knowledge thereon. From the medical profession, if from any source, must this knowledge come. Until this is done "specialists" of the various types will thrive, will outrage the feelings of all scientific and all decent men, will rob the people in plying their disgusting, degrading and criminal vocations. Again, what shall be done? Will you be so good as to let us hear from you again through the Reporter? A Subscriber.

Chenango Co., N. Y.

Tonka Bean in Pertussis.

Editors Med. and Surg. Reporter:

It was suggested to me that the Tonka bean would be useful in pertussis, as it contained a large percentage of *coumarin*, the active principle of the clover tops—*trifolium melilotis*—recommended for that disease. An opportunity offered to try the effect of it, and in the first case, a child of three years, the results were such as to give encouragement. Subsequently I have tried it in four more cases, two of which were of a grave type. The oldest—a little girl of five years—was a great sufferer, the paroxysms frequent and exceedingly severe, disturbing her sleep frequently during the night. She began with 5 drops of the fluid extract in sweetened water every three hours, increased to 8 after the third dose. Relief was soon felt, and the paroxysms gradually subsiding she soon slept all night, and her cough now seems more like that of an ordinary cold than that of pertussis. The parents in each case have expressed themselves forcibly in praise of the "drops."

In one case the medicine was all taken and the parents felt the disease cured, and failed to procure more of it. In a few hours the paroxysms returned, when they sent for more of the fluid extract which again has given relief. With these facts before me I cannot but feel that in the Tonka we have a remedy which will be of incalculable benefit to children. As far as my observation is concerned, I could not say that the bean cures, nor will I attempt an explanation of its effects, but it surely gives relief, and further experience with it will lead to an estimate of its therapeutical effect. It is to be hoped that the profession will examine into it with care, for I am convinced we have in it a means of saving many lives, besides giving great relief to all who suffer from the disease.

John Cooper, M.D.

Philadelphia, October, 1868.

News and Miscellany.

RECEPTION OF PROFESSORS PANCOAST AND GROSS.

In preparing a report of the proceedings on this interesting occasion, we make liberal use of the very full report published in the *Press* of this city.

The return from a tour abroad, of the distinguished Professors Pancoast and Gross, was deemed, by a number of our citizens, as an auspicious occasion to do honor to these celebrated men, who have obtained a high name on the scroll of fame, and at the same time have a happy re-union of noted gentlemen.

A committee was consequently appointed, consisting of gentlemen who had every arrangement made that would tend to give comfort to the guests and enliven the occasion. It affords us pleasure to print their names in this connection:

Drs. Ellwood Wilson, President; Frank F. Maury, Secretary; Addinell Hewson, Richard J. Levis, John H. Brinton, Wm. B. Atkinson, William W. Keen, Thomas H. Andrews, J. Ewing Mears, Ralph M. Townsend, Messrs. H. W. Newcomb, S. H. Dickson, Jr., C. B. McGrath, A. W. Calhoun, H. G. Landis.

Arrangements were made by the Committee to give Drs. Pancoast and Gross a fitting reception at the American Academy of Music on Saturday evening last, and a large number of invitations were issued to medical men of this and other cities, and to some of our distinguished citizens.

Professors Pancoast and Gross were ushered into the Foyer shortly before nine o'clock, and and were presented to their friends and members of the medical profession, amongst whom were the following eminent gentlemen: Professor Nathan R. Smith, of Baltimore, who was the first Professor of Anatomy in the Jefferson Medical College; Professor Austin Flint and his son, of New York; Professor Kinlock, of South Carolina; Professor George T. Elliott, of New York; Professor Lewis A. Sayre, of New York; Dr. John L. Atlee, of Lancaster, Pa.; Dr. Marion Sims, of New York; Professor Nathan Bozeman, of New York, and his Honor, Mayor McMichael.

One of the reception rooms adjoining the Foyer was filled with ladies, whose radiant countenances and magnificent dresses lent a charm to the festivities.

The proceedings were enlivened by the Germania Band, under the directorship of Mr. Dietrich.

The greeting of welcome was then delivered in a most able manner, by Dr. Addinell Hewson, who said:

Gentlemen: The purpose of our being here this evening is to extend a cordial welcome home to two of the most honored and distinguished members of the medical profession, who, having sought rest and recreation in a brief sojourn abroad, have now returned to us with, we hope, renewed strength and zeal, to continue the mission they have always so well fulfilled, of both teachers and counsellors.

There are, I know, many here to-night whose associations with the Jefferson Medical College will, like my own, carry them back over a long period of years. They can recall, with me, the indelible impression of the almost God-like character of our vocation which was made on our minds by witnessing the brilliant operations of one of these gentleman, whose clear head, good heart, and steady hand have done so much to exalt surgery. They have also experienced, when they were about to graduate, my feelings of pride and exultation at the idea of becoming a fellow alumnus with one who was then esteemed the most erudite teacher and practitioner of surgery in America; and they exulted with me afterward, in the fact that our Alma Mater and our good city could attract and retain, from an empire of surgery in the West, this one whose services our rival city in science and commerce had utterly failed to secure. I, therefore, speak for all such, when I offer to both of these gentlemen, as professors of the Jefferson Medical College, a most heartfelt greeting.

There are, however, many here, who, having listened to and profited more directly from the teachings of *both* of these gentlemen, would claim to be thereby more interested on this occasion than those who have not had that good fortune.

There are also many, who, having but recently come to Philladelphia, attracted by the wide-spread fame of our Alma Mater, and anxious to enjoy all the advantages which others have had here, may deem themselves more interested than the rest of us in the event that has brought us together.

But, gentlemen—graduates and students of the Jefferson Medical College—the oldest of us cannot, and, I am sure, will not yield to any of their juniors, or to those who aspire to the honors of our Alma Mater, in doing homage to any and all of her worthy professors, but especially to those to whom, from peculiar circumstances, they have had so constantly to look for aid and counsel in the trials of their professional lives. The law in reference to all "good men and true," such as we wish to honor to-night—that the better you know them, the more you must love them—allows of no distinction based merely upon time.

I know that I, though not the oldest, and far from the youngest here, can speak with as full a heart, though not, perhaps, with as smooth a tongue as any, the satisfaction which we all feel at the safe return of these well-beloved teachers and friends. We all feel that, though they have been away from us, for rest and even recreation, they have neither of them been unmindful of

the exactions of our calling; that they have neither of them been idle, but on the contrary, busy lookers on in the old world, and that through their ripe experience and mature judgment, we are all to be benefited by what they have seen and heard.

It is, therefore, Professors Gross and Pancoast, with mingled feelings of pride and satisfaction in what you have done for us in the past, and of interest in what you will do for us in the future, that we *all* rejoice at your return, and *all* wish for you both long continued good health and happiness. And in these good wishes we are joined by the many others that you see here around you. It was originally contemplated that this reception should be an expression of welcome to you on the part of your former and present pupils only; but it has grown, through the desire of a host of others to participate in it as your entertainers, to be a grand ovation from the profession and the community in which you have so long and so faithfully labored.

We have also here some of your many friends and admirers from a distance, and hope, by the expressions of their delight and satisfaction at seeing you once more, not only to add zest to this occasion, but to make it one to be remembered as amongst the pleasantest of your eventful lives. For these and *all* your friends, whether present in body or in spirit only—and they could not *all* be here except in the latter condition—I am commissioned to offer you a most hearty welcome home, and for them all, I invoke God's blessing on you, and pray that He may long continue to prosper you as He has done in days gone by. [Applause.]

Professor Gross responded as follows:

Allow me, Mr. President, to thank you most cordially for the kind words just addressed me through your eloquent spokesman, and for the excellent manner in which they have been received by your distinguished guests. Such a welcome is eminently fitting our feelings, and it is difficult for me to find language to express my own sense of gratitude. The announcement, soon after my arrival from Europe, that it was the intention of the alumni and pupils of my Alma Mater to give my colleague, Professor Pancoast, and myself a public reception, took me, I confess emphatically, by surprise. I was wholly unprepared for such an honor. Now that I stand in the presence of this large assembly of my fellow-citizens, members of the learned professions, the mercantile community, and the various walks of literature, the arts and sciences, the question naturally arises, what have I done to merit this distinguished honor? Is it because I was temporarily absent in Europe? Is it because of anything good or great that I did before I went abroad? If I were a great general, just returned from the battle-field, covered with glory and crowned with laurels, I could readily comprehend the reason for such a mark of your attention. But I am neither a warrior nor a statesman, and have not been in any battle, nor did I, during my absence, negotiate any treaty of peace, or amity, or of commerce with any foreign power. I went abroad and returned as a common citizen, proud, it is true, of my profession and of my country, but of nothing else.

But although I am neither a warrior nor a statesman, nor able to lay claim to any great discovery or improvement in my profession, I may confidently assert, without fear of successful contradiction, that there is no man who has watched that profession with a more jealous eye, or who has taken a deeper interest in its prosperity, its honor, and its dignity, than I have. My loyalty and devotion have never flagged. In all my intercourse I have never wilfully wronged any human being, or done aught to cast discredit upon its escutcheon. What Strabo said of the poet is equally true of the physician; no bad man can be the one or the other. I have ever scrupulously respected the Hippocratic oath.

It was but a few weeks ago that I had the pleasure of witnessing the proceedings and ceremonies attendant upon the presentation of the freedom of the city of Edinburgh to General Lord Napier, with whose exploits in Abyssinia, in asserting the supremacy of the British army, every one is familiar. It was pleasant to see the enthusiasm with which this distinguished soldier was welcomed, and the kindly feeling which was from all sides showered upon him. Though he could not lay claim to the honor of being a native of the city, he was nevertheless greeted as a countryman, and the highest civic distinction in the gift of the Scotch metropolis, so renowned for its illustrious citizens, was freely awarded to him for the great signal services he had rendered his native land. The swelling emotions which animated the breast of the hero of Magdala, as he stood before that grand audience assembled to do him honor, was not greater than that which I experience upon this occasion. The wreath which entwined his brow was not dearer to him than this free offering of your esteem and kindness is to me. I have accepted this honor at your hands, because, as was so gracefully expressed in the invitation of your gifted young Secretary, it was designed as an exhibition of the love and veneration felt for me by my professional brethren, especially the alumni and pupils of a great medical college with whose interests and prosperity my own have been closely identified for the last thirteen years; an institution which may boast of a noble parentage—of belonging, in fact, to one of the "first families," the daughter of a school of which any land might justly be proud. I allude to the University of Pennsylvania.

I have accepted this honor because it is the highest tribute which a man can receive from his fellow-citizens, and from the members of our own profession. I need not say how deeply sensible I am of your kindness. I rejoice to be again in the midst of those with whom I have so long labored to uphold the honor and dignity of our noble profession, and in whose personal success I shall ever feel a deep, nay, let me add, a parental interest. It is to me no less gratifying than it is true, to be able to say that, during my visit abroad, where I had an opportunity of seeing many of our most distinguished brethren in the Old World, I saw no more able, learned, or skilful practitioners, teachers, and writers than

are assembled here to night. I think, sir, that if a traveller learned nothing more than to appreciate fully his country's greatness, he would be amply compensated for the peril and expense of his voyage across the Atlantic. As God made woman more beautiful and perfect than man, because he created her last, so he endowed this continent—this last and best gift to the human race—with beauty and perfection nowhere visible in the Old World.

Every one acknowledges with a hearty free will the extraordinary activity and enterprise of our physicians and surgeons, and the rapid strides which we are developing in our national literature. Cassaignac, the great French surgeon, said to my honored colleague and myself in one of our visits to the famous Lariboisier Hospital, "You have just reason to be proud of your country. America at this moment wields the surgical sceptre of the world." Our military surgeons have no equals. The reports of the Surgeon-General of the United States are read with avidity, and American works of medicine and surgery are used in the medical libraries of Europe.

Although it would not be fair to judge a man's knowledge by the number of books he reads, yet there can be no doubt that the more labor of this kind he performs, the more likely his intelligence to be complete and accomplished. It was pleasing to hear our profession spoken of in terms of high respect and commendation. As a nation, America commands admiration. The works of Messrs. Kent and Story are in every lawyer's library in Great Britain, and the writings of Barnes, Hodge, Channing, and other divines, are to be found on the shelves of England, Scotland, and Ireland.

It may be recollected that I was commissioned at the last meeting of the American Medical Association at Washington to represent that body in the British Medical Association at its meeting last August at Oxford. That meeting was largely attended; many of the members were men of great eminence and learning, and every opportunity was embraced by them to speak in the kindest manner of their American brethren. Our delegates received a hearty welcome, and everything was done to make them comfortable and happy during their sojourn at that great seat of learning. From what transpired, there is reason to believe that the Association will now be annually represented on this side of the water.

There is one thing that strikes an American in viewing the great literary and scientific and charitable institutions of Europe with admiration, such as he cannot feel for his own. It is the respect which is everywhere shown to the memory of their great and good men. Portraits, busts, and statues adorn alike the halls of learning and of legislation, the courts of justice, the gallery, the hospital, and the medical school; and thus serve to inspire the visitor not only with a love for his particular pursuit, but an ambition to excel in good works, and an admiration for a people who know how to reward their servants while living, and to cherish their memories and their virtues after they are dead.

In the hall of Christ Church College, Oxford, at the great dinner of the British Medical Association, I felt, as I responded to the toast kindly offered in compliment to the American delegation, as if every portrait in the large and majestic room were watching me and saying, "Hear! hear! hear!" and felt as if ten centuries were looking down upon that grand and learned assembly. In our city, so distinguished for its charitable, literary, and scientific institutions, there is a singular absence of everything of this kind. We have not one solitary monument of a great man, not even of Washington or of Franklin, to inspire our youth with ambition, or to warm the heart of a stranger as he walks along our streets.

But I must not prolong these remarks. Already I have trespassed too much upon your patience. However, before I take my seat, permit me again, Mr. President, to thank you, and through you this large assembly of good and great men, for the honor they have done me in coming here this evening. I have been the recipient of perhaps as many compliments as a man of my age and of my humble position could expect, but of all that have been bestowed upon me, this is the most precious to my feelings, and the one which will be most cherished by my family long after I shall have gone to "that undiscovered country from whose bourne no traveller returns." [Applause.]

After Professor Gross' remarks, Professor Pancoast rose from his seat and responded as follows:

Mr. President, the Alumni, and Students of Jefferson Medical College: I find myself at a loss for language to acknowledge in proper terms my sense of the kindness which has prompted this magnificent reception of my colleague and myself on our return from a foreign journey. My colleague has already expressed, in better terms than I can possibly do it, the sense of our common obligation; for there are situations so unusual and so deeply touching, that when the heart is full the tongue is inadequate to find expression. I have listened with much emotion to the address of your eloquent orator—my much valued friend.

I have glanced over this array of distinguished and prominent men—in which I find many who are my compeers in age and position—many also, who have been my associates in the different hospitals of this city, and a still greater number in whose education I have had the honor to assist. I find a few also assembled at your biddings—distinguished gentlemen of our profession from the different great capitals of our country, high dignitaries of the other professions, and our worthy Governor and Mayor. What can I offer to you—what can I offer to them—in return for this gracious mark of their kindness and consideration, but the sincerest thanks of a very grateful heart? Yet I am not willing to arrogate to myself, or scarcely even to attribute to my distinguished associate in the honors of this evening, merits so conspicuous as to be the sole cause of this magnificent meeting. I look rather upon this brilliant scene as a tribute paid in the abstract by a generous brotherhood to the toil-worn honors of our profession. And what

renders it of deeper value, it is a tribute paid by men who have won their own laurels, and know full well the measure of their cost.

My brethren, what a life of toil, what a life of anxiety, is that of a physician! And yet how full of interest and incident taken in all its length and breath from the very outset.

The fervent zeal of the ambitious student—his lofty and philanthropic views in regard to the nature of his mission—his loneliness and despondency in his early days of practice—his struggles by unrequited services to the poor to acquire personal experience—his hopes so long delayed for a fair arena to display the ability he is conscious of possessing—his nights of unrest when the life of a patient lies trembling in the scales—and his pride and exultant joy when he believes he has rescued him from impending dangers. How well you all know this! Did the world at large know it as well, and know at the same time the earnestness and devotion with which the profession strives to fit itself for its most difficult duties, how much more freely would it give us its confidence!—how much smoother would be the path that the physician has to tread!

No man more highly estimates the importance of our art and its national reputation than myself, and I was anxious once again to compare it, in its American form, with what I might see abroad. And from what I have observed in the Old World I am convinced that sound experience, and diligent and successful search for the truth of science, are just of as much value, and as frequently met with on this side of the water as the other; and I believe, moreover, that no American physician qualified to judge rightly, when he compares the practice of the different branches of our art in the Old World with the New, will find occasion to blush for his countrymen. In general, the members of our profession do not hold so high a social rank abroad as with us; nor are they, if I have had the opportunity of judging rightly, superior in regard to general acquirements to men of the same station in our own country. It is true that in Europe some men of peculiar prominence in our art are rewarded with titles and decorations, and take in society the rank to which such distinction entitles them. With us the man who is so happy as to possess the full confidence of his professional brethren needs no other mark of distinction, and a thousand decorations of the Legion of Honor would not compensate for its want.

My friends, while I feel, as I before observed, little disposed to arrogate to myself any peculiar claim to play the distinguished part that has been assigned to me this evening, I am proudly conscious that my colleague and myself have received in this spontaneous and kindly welcome an honor of much higher value—one not to be worn on the collar, in the garish light of day, but to be embalmed in the memory and enshrined in the heart. And now, gentlemen, let me once more ask you to accept my most cordial and grateful acknowledgments for this overwhelming tribute of your kindness and respect. [Applause, which continued for some minutes.]

Shortly after the conclusion of the foregoing speech, and while the Germania Band were discoursing their choicest music, Professors Pancoast and Gross were escorted by the committee to the vestibule to partake of a most superb banquet, which was under the charge of Morris, the caterer. The tables were spread with the choicest delicacies and decorated with flowers.

After partaking of the banquet in a most hearty manner, loud cries were made for ex-Governor Pollock to give a toast, whereupon Governor Pollock said:

Now, gentlemen, give me your attention for a few moments. We have heard that even in the multitude of counsellors there is safety. I feel to-night for myself, and for the profession which I represent, and for the strangers who are here, that in the multitude of physicians and surgeons, sickness can find no place, and therefore I feel perfectly secure on that account, and in behalf of the other professions, to extend a cordial welcome to Drs. Pancoast and Gross, who have returned from abroad [applause], and also to other eminent physicians and surgeons who are with us to-night by invitation. [Applause.] We greet you all, gentlemen, to-night, and are gratified that we have the opportunity now to express to you our high appreciation of your worth, and the high dignity and honor of your profession. First in the rank of learned professions stands the physician and surgeon.

I desire now to say in behalf of my friends, Drs. Pancoast and Gross—they were referred to to-night as venerable gentlemen—that I believe, and my feelings in relation to those gentlemen and others are, that age is not to be numbered by years. You may count your twenties, fifties and hundreds, and yet old age has not been reached by those who, like these gentlemen keep pace with the progress of time. No, gentlemen, Professors Pancoast and Gross would still be young though an hundred years had left their mark on their brows!

I am not here to-night to preach, it is after dinner to be sure, and the wine has circulated freely, and honoring my friends I will honor myself and you by keeping silence. Good night, gentlemen. [Applause.]

Daniel Dougherty, Esq., was then loudly called for, and responded as follows:

I must confess, gentlemen, that I am in a rather peculiarly perplexing predicament. Governor Pollock boasted a few moments ago that he felt very well. I confess that I am sick. I want a physician [laughter], but who will I select in this party. If I happen to select two or three—why doctors may disagree, then I will be in a much worse position than I am now. The idea of a poor lawyer standing in such a presence as this. I have nothing to say. I appreciate very kindly the compliment which has been presented to me by inviting me to be present to do honor to two of the most eminent citizens of our beloved city, men who would do honor to any profession and to any community. [Applause.]

It is a delightful thing to see that men of brains are appreciated to their full extent. It is customary, too much so, to shower all honors and distinctions upon the warrior, upon those whose aim it is to destroy. It is a glorious thing that we are here assembled to honor and extend the welcome to those whose aim and aspiration it is to save. [Applause.] Of all the professions—I do not call the sacred ministry a profession, it is something beyond a profession, it is a calling from on high—we must regard that of the physician and surgeon, who ministers to save the community and restores it again to health, as the noblest, the brightest, and the best.

We are proud of our profession—it is to secure and defend the rights of man. But our profession, noble and generous as it is, must stand abashed in the presence of the other profession.

I love to see this testimonial to these noble gentlemen. I desire to say that there is one point in which we lawyers have the advantage of you of the medical profession. We expect a "retainer." [Laughter.] We expect to be paid in advance. Gentlemen, take my advice—and I will not charge you anything for it—and adopt that; it is a very good plan. [Renewed laughter.]

Allow me as a brother of the law—a sort of a brother-in-law, I suppose I might say—to extend, on behalf of the citizens of Philadelphia, a hearty welcome to these eminent gentlemen, and to call upon Dr. Sayre, of New York, to respond. [Applause.]

Dr. Sayre said:

Gentlemen: I am sick, and I must apologize to the audience present for not being able to make you a speech. It is an impossibility for a person from New York, after having partaken of your sumptuous feast, but more especially after having listened to your eloquence and to the eloquence which has been preached here from these steps to-night, even to attempt to say one word, and with my usual modesty [cheers], I am more overpowered than I ever was before, and feel less equal to the task. [Laughter.]

I feel proud, however, to hear the distinguished member of the bar bless our profession, as it should be blest, above all others. I agree with him in that one sentiment—even blessing my own professien above that of the clergy. We are engaged in restoring health to diseased bodies; bringing back reason to disordered minds; and without reason, what is man, and what good is he? Until we have discharged our mission and restored reason to his disordered mind, and health to his diseased body, even the clergyman cannot do him any good; therefore, I claim the superiority of our profession. My friend, the lawyer, said we were superior to them. We all know that; we work for charity; for the benefit of human happiness; work with the hope of no reward, except that of having done our duty to our fellow-men [applause], when the lawyer always demands his fee.

You little know the honor you have done yourselves in conferring these honors upon these gentlemen. You have honored yourselves. The profession of medicine in Philadelphia has done to-day the highest honor and merit by this ovation to those brothers in their profession. [Applause.] You have set an example worthy of immitation by your sister cities throughout this land, and I for one honor you for it. We from New York feel proud of the privilege of being invited here. It gives me the greatest pleasure.

Dr. Sayre then gave the toast, "Philadelphia and New York—in medicine may they always be rivals in all that confer honor, lustre, and dignity upon the medical profession." [Applause.]

Dr. J. A. Meigs was then called for, and responded as follows:

Gentlemen: I have nothing to say on this occasion. I am reminded of a lesson learnt in childhood, that "children should be seen and not heard." Standing in the presence of so many illustrious lights of our science, I feel as a child, and therefore it is most appropriate and fit that I should not make you a speech on this occasion, but I will give you this sentiment or toast: "The young men of the medical profession of this city—may their hopes, their labors, and their aspirations be successful in the future," and I call upon my friend Dr. Maury to respond.

Dr. Maury said that he felt much embarrassed at being called upon to make a speech, that he had taken a lively interest in the proceedings from the outset, and thanked his friends for their kindness. [Applause.]

Dr. Levis was called for, and said:

Gentlemen: We have heard the eloquent speeches that have been made by our worthy guests, Professors Pancoast and Gross, in comparing the surgery of Paris and Europe with that of this country. We have among the guests one European surgeon, Dr. Doyle, of Dublin, whom I call upon to address you.

Dr. Doyle said:

Gentlemen: As a representative of European surgery, I fear that I am but a pigmy in the service; but after travelling over a good portion of the world, and having seen most of the places on the face of the earth, a meeting like this makes amends for all I have ever suffered from the ingratitude of patients. [Applause.] In regard to the attainments of the profession in my own country, my native modesty as an Irishman prevents me from saying much. [Renewed applause.] But if the manner in which that table has been cleared to night is to be taken as any proof of your appetites, I confess to compliment the medical profession here on the highest attainments of the science on earth.

I did feel honored by the invitation to this meeting this evening, but I did not expect to be called before it. I beg to say that I feel proud and justly proud of the compliment paid to me as a stranger from the old country.

I am not usually a man of few words, but as the hour is growing late you will excuse me from saying more on the present occasion. But I tender to you all my thanks, and I tender to Professors Pancoast and Gross my respects as a member of the profession, and hope long to enjoy your good feeling toward me and their friend-

ship, as members of the profession and as citizens of Philadelphia. [Applause.]

Several other members of the medical profession briefly expressed their pleasure and their thanks for the compliment paid them by the committee by the invitations they had received to be present, and also their high appreciation of the valuable services of professors Pancoast and Gross.

As the clock struck twelve the last of the audience were moving out of the building, all gratified with the magnificent treat they had enjoyed, both intellectually and physically. Not a thing occurred to mar the festivities, and a more delightful reunion has not recently taken place in this city of brotherly love.

The Female Physician Question Abroad.

The University of Zurich has already conferred the medical degree on Mdlle. Souslowa. Her experience, and that of her companions in Russia, is not the least interesting episode in the history of medicine studied under difficulties. In company with several other ladies, Mdlle. Souslowa began her studies at St. Petersburg in 1862, and attended for two years the lectures on natural philosophy, chemistry, and anatomy, at the Medico-Chirurgical Academy, without objection either by the professors or their fellow-students. Suddenly, however, an order came from the Imperial Government forbidding the professors to admit women to the scientific class of the academy. The reason given by the Government was that "women did better as such when they knew nothing, and understood nothing." With one exception the female students were thus compelled to leave the classes. Mdlle. Souslowa then resolved to try her fortune abroad, and after some delay gained admission to the University of Zurich, with the result as above stated. She now intends to seek admission once more to the medical examinations at St. Petersburg, in order to obtain a legal qualification to practise in her own country.

Organic Germs in the Atmosphere.

Dr. Smith and Mr. Dancer have been examining the air of Manchester, by the aid of the microscope; and have found it to be full of spores and other organic germs, the presence of which in probably all air leads, no doubt, to the phenomena imputed to spontaneous generation, and is probably the cause of the epidemic character of many diseases. The air was first washed by shaking it in a bottle with distilled water; and in a drop of the water it was reckoned that there were about 250,000 spores, and these only require to be lodged in suitable situations to spring into activity. In the quantity of air respired by a man in ten hours it was reckoned that there would be about 37½ millions of these spores or organic germs.

Statistics of Spain.

The distinguished statistician, Don Ramon de la Sagra, furnishes the following statistics of Spain during the year 1866: Total population, 15,800,000. Rate of births, 1 to 26; proportion of sexes, 51.65 boys to 48.35 girls. In every 19 births one was illegitimate; proportion of marriages, 1 to 112 inhabitants. The average number of children to each marriage as near as can be estimated is 4.6. Deaths were 1 to 34 of the whole population, 1 to 28 in the cities. 503 deaths out of a thousand were under 6 years of age.

Professor Carl Braun has been elected Rector of the Vienna University for the ensuing collegiate years.

—— A New Hampshire paper says: "The greatest age ever attained in this State, by any person whose age was positively known, was that reached by Mr. Lovewell, of Dunstable, who died at 120. William Perkins, of Newmarket, reached 116; and Robert Macklin, of Wakefield, 115.

—— Dr. W. W. Potter has been appointed Coroner of the District of Columbia, in place of Dr. Woodward, deceased. Dr. Potter was during the war Surgeon of the 57th New York Regiment, and for over a year was in charge of the First Division, Second Corps, (Hancock's), of the Army of the Potomac.

—— The following is a fair specimen of the way the public is taught hygiene in the newspapers. We clip it from an exchange. "We wonder that travellers do not carry with them a little bottle of pomegranite of potash, a few drops of which would speedily purify any water. In cases where the water was turbid, the addition of a few drops of the solution of the pomegranite make it in a few minutes as clear and sweet as spring water!"

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Army and Navy News.

Navy News.

List of changes etc., in the Medical Corps of the Navy during the week ending October 24th, 1868.

Surgeon C. D. Maxwell, placed on relief list.

Surgeon J. S. Dungan, orders to the Cyane temporarily suspended.

Past-Assistant Surgeon George R. Brush, detached from N. Hospital, Norfolk, and ordered to the U. S. S. Cyane.

Past-Assistant Surgeon William J. Simm, ordered to duty at the Naval Hospital, Norfolk, Virginia.

Past-Assistant Surgeon F. C. Walton, promoted to Surgeon.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Conover—Ivins.—Oct. 15th, at Grass Vale, Penn's Manor, Pa., by Rev. K. P. Ketcham, of Allentown, N. J., Dr. Simon B. Conover, of Tallahassee, Fla., and Miss Lizzie H. Ivins, of Penn's Manor.

Delano—Burke.—Oct. 20, at Christ Church, Marlborough, N. Y., by the Rev. Mr. Ackerly, Dr. B. L. Delano, of Boston, Mass., and Mrs. Caroline H. D. Burke, of the same place.

Field—Lloyd.—At Portsmouth, Ohio, Oct 13th, by Rev. A. B. Wambaugh, of Cincinnati, Dr. George W. Field, of Danville, Illinois, and Miss Libbie M. Lloyd, daughter of R. Lloyd, Esq., of Portsmouth,

Finck—Newton.—In New York, Oct. 19, at Christ Church, by the Rev. F. C. Ewer, D.D, Eugene Finck and Meta, daughter of Dr. R. S. Newton, all of that city.

Flinn—Jones.—On the 14th inst., by the Rev. F. P. Walker, in Brooklyn, N. Y., M. Bonner Flinn, M.D., of New Berlin, Pa., and Sarah J. Jones.

Henderson—Ritner.—In this city, Oct. 22, by Rev. Warren Randolph, Dr. John D. W. Henderson, of Altoona, and Miss Sallie W. Ritner, of Philadelphia.

Hurlbut—Long.—At Lewistown, Pa., Oct. 15th, at the paternal residence, by Rev. T. M. Hodgman, of Byron, N. Y., Charles S. Hurlbut, M.D., and Miss Mary C. Long, only daughter of A. B. Long, Esq., all of the above place.

Kelly—Elbert.—Oct. 15th, Dr. T. D. Kelly and Miss Elbert, both of Lexington, Ky.

Lennig—King.—At Chelwood, Pa., on the 15th of October, 1868, by the Rev. F. W. Beasley, D.D., Charles F. Lennig and Mary F., daughter of Dr. Charles R. King,

McAllister—Arymar.—Oct. 20, at St. George's Episcopal Church, Newburgh, N. Y., by the Rev. J. Brown, D.D., Thomas McAllister, M.D., of Brooklyn, N. Y., and Gertrude M., daughter of Capt. H. C. Arymar, of England.

Mantle—Miller.—Oct. 14th, Mr. Charles H. Mantle and Miss Hennie, youngest daughter of Dr. Henry Miller, all of Louisville, Ky.

DIED.

Blecker.—Oct. 0th, at his residence. Findlay, Ohio, very suddenly, of paralysis, Dr. J. J. Blecker, in the 43d year of his age.

Bliss.—In New York, Mrs. Martha Bliss, widow of the late Dr. James C. Bliss.

Freeman.—At Kokomo, Howard co., Ind., Oct. 10, Dr. Clarkson Freeman, aged 71 years.

Gaston.—At Morristown, Belmont co.. Ohio, May 30th, 1868, Ephraim Gaston, M.D., in the 69th year of his age.

Schilling.—In New York, suddenly, Oct. 23, Victor, son of E. Schilling, M.D., aged 27 years.

Stelle.—In Philadelphia, Oct. 18th. George W. Stelle, M.D., only son of Margaret D. and Isaac Stelle, of New York.

Townsend.—In New York, Oct. 19th, Dr. Thomas Townsend.

Wells.—At Louisville, Ky., Oct. 14th, 1868, Dr. Thomas Wells, aged 73 years and 10 months.

Wetmore.—At Columbus, Ohio, Oct. 10th, Dr. Charles H. Wetmore, in the 86th year of his age.

OBITUARY.

Francis H. Ramsbotham.

This eminent physician died on the 6th of July, in his 68th year. He was the son of an accoucheur in large practice, to which he succeeded. He was educated at the London Hospital, and at Edinburgh, where he took his degree in 1822. He lectured with ability and success for many years at the London Hospital Medical School on obstetric and forensic medicine. His work on Obstetric Medicine and Surgery is everywhere known, and he also published some lectures in the medical journals. Of late he had been obliged, by ill health, to give up practice and retire into the country.

Dr. Rufus Bicknell,

A well known Philadelphian, died Oct. 25th, aged 61. For more than a quarter of a century he had practiced medicine in West Philadelphia, and with that flourishing section of the city he was closely identified. Dr. Bicknell was born in New England, but came to this city early in life. He was a public-spirited and influential citizen, and a man who was known to be of a very truthful and reliable character, and was deservedly held in great esteem by all of his neighbors and fellow-citizens in West Philadelphia.

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Dr. J. R., of Pa.—We cannot get you a complete set of the American Journal of the Medical Sciences. Certain numbers are wholly exhausted.

Various Subscribers.—We cannot send the last number of Vol. VII. containing the index, because we have no copy of it. Will do so as soon as we can.

Dr. J. H., of Mich.—We will make the exchange. Send them along.

Dr. J. C. M., of Ala.—Dr. Niemeyer's Clinical Lectures on Phthisis cost $1.25.

METEOROLOGY.

October,	12,	13,	14,	15,	16,	17,	18.
Wind	N. W.	N. W	N. E.	N. E.	N.	N.	W.
Weather	Clear.	Clear.	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Clear.	Clear. Ice.
Depth Rain			4 10				
Thermometer.							
Minimum	50°	47°	49°	48°	52°	44°	28°
At 8, A. M.	57	55	53	56	58	50	38
At 12, M.	66	60	54	60	63	50	48
At 3, P. M.	65	60	56	60	62	49	47
Mean	59.50	55.50	52.75	56.	58.75	48.25	40.25
Barometer.							
At 12, M.	30.2	30.3	30.2	30.1	29.8	30.1	30,1

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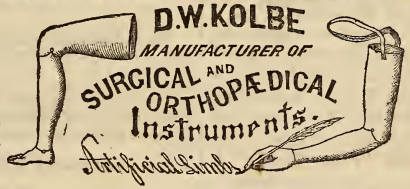

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GEORGE W. PLYMPTON, Professor of Chemistry and Toxicology.
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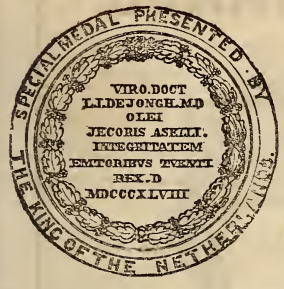

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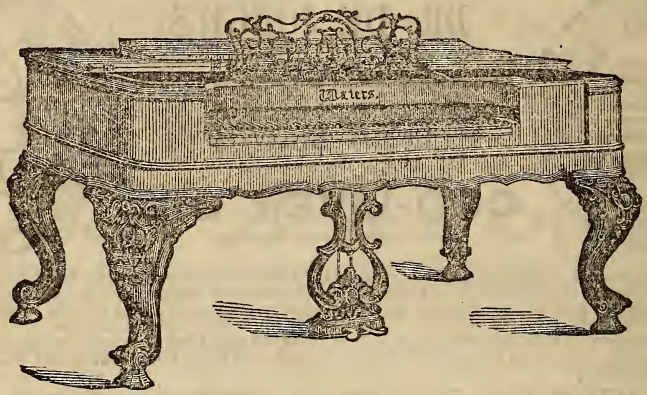

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No. 610.] PHILADELPHIA, NOV. 7, 1868. [Vol. XIX.—No. 19.

Original Department.

Communications.

ATROPIA IN POISONING BY OPIUM.

By Benj. B Wilson, M. D.,

Professor of Surgery in the Woman's Medical College of Philadelphia.

For the information of those who may be called upon to treat narcotism, resulting from over-doses of opium or its preparations, I will narrate the particulars of a case of which I was cognizant, in which one quarter of a grain of atropia was administered hypodermically at a dose, not only without producing death, but with marked effect in abating the symptoms of opiate poisoning which existed at the time.

The patient had been receiving hypodermic injections of one-quarter of a grain of sulphate of morphia at intervals. Within a short period after receiving the last dose, which must have been somewhat larger than the preceding one, she became comatose, with a suffused and purple countenance, stertorous respiration, contracted pupil and complete insensibility. The stertorous breathing was strongly marked; in fact, the patient almost ceased to breathe, the intervals being lengthened out one-fourth of a minute or nearly so.

A quarter of a grain of atropia dissolved in a little water was at this time thrown into the arm with a hypodermic syringe with the following effects.

The pupils were quickly (almost instantly) fully dilated, with complete insensibility to light. The stertorous breathing ceased, and was replaced by a quick, hurried, almost gasping respiration. The face became pale and cold, the pulse hurried, jerking and feeble, running up to 160 to 170. The muscular relaxation was extreme, and insensibility complete, except a slight occasional twitching of the eyelids, upon the admission of light or other stimulus; and a sucking motion of the tongue, such as is common in young infants during sleep. After an hour the face became much swollen, and the skin white, shining and almost transparent. Pretty soon the characteristic eruption of belladonna made its appearance upon the face and neck, interspersed with patches of pallid and swollen skin as before spoken of. These symptoms persisted from four o'clock in the afternoon until past midnight, before any appreciable change occurred. The first apparent improvement in the patient's condition was manifested by feeble efforts at deglutition, and by other slight voluntary muscular action. Afterward the last gradually faded, the pulse became somewhat less frequent, and the patient gradually regained her consciousness. No other untoward circumstance occurred, and she gradually convalesced from the effects of both poisons. There remained, however, a peculiar spasmodic contraction of the extensor muscles of the limbs; more marked in one leg than in the other, drawing the toes backward on the dorsum of the foot, and giving much pain and distress to the patient. A spasmodic cough, constantly recurring and very distressing, was also present. These symptoms, with a sense of numbness at the ends of the fingers and toes, and considerable dilatation of the pupils continued for several days and abated very gradually. The nervous system of the patient seemed to have received a profound impression, and a peculiar excitement and irritability of mind and disposition was manifest in a striking degree at first, and continued after all the other effects had passed away.

The only treatment used was the application of stimulants externally and by enema. Cloths moistened with alcohol were wrapped

around the limbs and laid upon the breast of the patient, and a dessert-spoonful of brandy with an equal quantity of water was thrown into the bowl every half hour, and afterward every hour. Stimulants were afterward given internally as soon as the patient could swallow.

The practical inferences from this case are that belladonna and its preparations are safe in much larger doses than those in which we have been accustomed to administer them, at least they can be used in these large doses safely, when the system is under the influence of opium or its preparations. Secondly, the well-known antidotal properties are strongly confirmed; the symptoms of opiate narcotism, though existing in a marked degree, being in this instance promptly and efficiently abated And thirdly, it appears evident for many reasons that atropia is the best form, and the hypodermic method the best avenue in which to administer this antidote. These reasons will be at once apparent to every physician. The action of the remedy thus administered is *immediate*, being delayed only by the short time required for its absorption, and the making the round of the circulation. It may in this way be resorted to though the patient be moribund, or even in articulo mortis, and with some hope on account of the promptness and efficiency of its action. It matters not that the patient is speechless, incapable of swallowing, or in fact stupid, or actively comatose, the medicine can still be easily and quickly administered, and almost immediately produces its characteristic effects, and it can be repeated from time to time until the patient gets better, or some decided symptoms are produced.

Should I be called to a case of opium poisoning, I should not hesitate to administer one-sixteenth to one-tenth of a grain of atropia hypodermically, and repeat the dose every half hour or hour, either until the patient was relieved, or symptoms of the action of the remedy were present. This together with a free evacuation of the contents of the stomach and the washing it out, will doubtless save many cases of poisoning by opium, which would under other circumstances be entirely beyond the reach of art.

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By F. H. Gibson, M. D.,

Of Louisville, Ky.

In discussing a subject of such grave magnitude and so full of interest, it becomes necessary and obligatory, in order to arrive at a just conclusion, to examine into certain influences exerted by inflammation upon the blood—certain changes that take place in that fluid consequent upon inflammatory action—certain effects of blood-letting upon the blood—certain injurious results following thereupon—and certain phenomena or symptoms, which are made by the advocates of the lancet, indications for bleeding. According to the best evidence it has been demonstrated that the most remarkable or perceptible influence exerted by inflammation upon the blood is found to consist in developing more fibrin. This excess of fibrin is found to begin at the earliest stage of the inflammatory excitement and to decrease as the inflammation subsides. This is a natural, beneficial, healing and repairing procedure. It is but a grand and sublime exhibition of nature furnishing materials of restoration and recuperation. And as it is an established fact that the blood circulates through the capillary vessels by the agency of its fibrin, nature, ever on the lookout, sets up in this case the office of furnishing a material for that purpose, and to afford relief to the oppressed and obstructed vessels. Among the best medical observers there seems to be but one opinion in regard to the quality of the blood in inflammation, or, in other words, the change that is effected in that fluid during this process. And that opinion is, that there is a peculiar condition of the blood when that fluid is taken from the system during inflammation, and allowed to coagulate. This peculiar condition makes its appearance upon the upper surface of the blood and is called the buffy coat. It is said that it is not always to be found in blood of inflammation, and that it does sometimes make its appearance in non-inflammatory blood. Whether it is caused by the direct influence of inflammation upon the

blood, or a secondary consequence of inflammatory action dependent upon defective innervation is still a disputable question. I am of the opinion that the condition of the nervous system exercises a marked influence in the premises. This peculiar appearance, or buffy coat, is by the advocates of the lancet made an indication for bleeding. But unfortunately the remedy has first to be employed before the indication for its use is manifested. And then it is not always found. It is an unsafe and unreliable doctrine. It is like cutting off a man's leg and afterward ascertaining the indication for the operation. The experiment is as reasonable in one case as in the other. In one case an important organ is lost merely to see if there is an indication for the proceeding by which this organ is lost. In the other case a vital fluid containing elements essential to life, and for repairing and replenishing the different organs of the body, is abstracted merely to find an indication for the abstraction.

I have already stated that the increase of fibrin is a wise and beneficial operation in inflammation. It facilitates the movement of the blood in the capillaries, and those vessels being oppressed and obstructed, nature responds to their wants in furnishing this element. As demonstrated by facts, blood-letting destroys the relative proportions of the blood, that is, it lessens the fibrin and increases the serum. Consequently, then, by the use of the lancet we abstract from the blood a material necessary for repair, upset and interfere with the kind office of nature, block up the avenues of circulation, and produce the consequences of effusion, etc. In fact, we render the blood non-coagulable. The coagulation of that fluid is essential to life. But it cannot coagulate without its due proportion of fibrin.

Another indication that calls for bleeding, so say the advocates of the lancet, is a sharp, full, firm, and bounding pulse. But upon investigation, it will be found a doubtful guide. This same pulse is found under other circumstances, in cases in which the loss of blood would be detrimental. We find it conspicuous in cases after reaction after great loss of blood, and most assuredly, under such circumstances, the advocates of the lancet would not abstract blood. But why not? According to their theory, this is the indication calling loudly upon them. The remedy, they say, is beneficial in the first stage of inflammation only. But we often find in that stage one important indication wanting, and in the advanced stages manifesting itself. These indications are doubtful and unworthy of any confidence. The effect of blood-letting in reducing inflammation is not permanent. It is true, the abstraction of blood does afford a temporary relief to the engorgement, but this is done to the detriment of the capillary circulation, and the result is an impoverished condition of the blood, and a greater tendency to effusion, etc. The relief is only temporary, and the injurious consequences that follow, more than counterbalance the benefit. The testimony of the supporters of the doctrine is sufficient to render the remedy doubtful. They clothe the remedy with so many restrictions, circumstances, and conditions adverse to its employment, that one is almost ready, without additional evidence, to acknowledge it worthless.

The facts and evidence bearing upon the case all tend to show its positive unfitness as a remedy in inflammation.

PUERPERAL CONVULSIONS.

By L. S. Blackwell, M.D.,
Of Pennington, N. J.

As so little has been written respecting this frightful concomitant of the pregnant condition and "lying-in room," and its nature is imperfectly understood, the following case may not only prove interesting to the readers of the Reporter, but may elicit some suggestions concerning its nature which will tend to lessen the great fatality of this disease.

Mrs. Louisa J——, aged 27 years, a primipara in the seventh month of pregnancy, called at my office Oct. 17th, 1868, for the purpose of obtaining medical treatment for the anasarca which existed in her face and lower extremities. During the whole period of her gestation, *none* of the ordinary signs of gesta-

tion had manifested themselves. Her physical development was spare, and the skin presented a sallow appearance. Independently of this condition, there existed no evidence of morbid action.

With the view of increasing the function of the kidneys, I prescribed the bi-tartrate of potassa with an infusion of juniper berries, to be given three times a day.

Her mother, fearing that abortion might be announced by the occurrence of soreness and a dull aching pain at the inferior angles of the scapula, sent for me in the evening On my arrival, I found that immediately after getting in the carriage in the morning, she had experienced a sensation of nausea. The nausea and pain were attributed to over-exertion. For these symptoms I prescribed tincture of opium and comp. lin. of ammonia to be applied locally. Fearing the presence of albumen in the urine, and urea in the blood, I requested her mother to furnish me with a specimen of the urinary excretion.

At 3, A. M., of the following day, she was reported in a dying condition, and I was again invited to visit her. On my arrival, a scene of grief and intense excitement presented itself. Her mother informed me she had had "two fits," and I was immediately summoned to her chamber, to behold my patient in the throes of puerperal convulsions. There was opisthotonos, frightful contortions of the face, foaming at the mouth, and the tongue and lower lip were badly bitten, while the upper extremities were tossed about in a rigid condition. Her feet were immediately placed in a bucket of hot water, succeeded by sinapisms to the extremities. After the paroxysm had subsided, the patient said she "*felt so sick*," and lapsed into a stupor. As she was unable to swallow, I introduced into the areolar tissue, by means of a hypodermic syringe, one-third of a grain of the sulphate of morphia, and repeated it until a grain had been given in this way, but no beneficial effects were observed. As there was no return to consciousness, we failed to give anything per orem, except *colchicum*, prescribed for the purpose of increasing the amount of urea in the urine. At the same time we gave per rectum, in five consecutive doses, five drachms of bromide of potassium. This also failed to ameliorate the symptoms, the convulsions continuing at intervals until 3 o'clock, A. M., of the next day. The stupor had now merged into coma, and the patient was in a profuse perspiration with cold extremities.

The fœtus was dead, but there was no evidence of labor, the os uteri remaining contracted. She lay in this condition until 3 o'clock, when death closed the scene.

After my return, I examined the urine, and found a *large amount* of albumen precipitated by the addition of nitric acid and the application of heat.

According to the views of Frerichs, convulsions are not the result of uræmia, but are due to the presence of carbonate of ammonia in the blood, developed by the action of some fermenting material on the urea. If these views be correct, the administration of the sulphites, according to the hypothesis of Prof. Polli, of Italy, should be productive of beneficial results, and divest the puerperal condition of some of its repulsive incidents.

UTERINE HEMORRHAGE CONTINUED BY TAMPONNEMENT.

By H. P. Ayres, M. D.,

Of Fort Wayne, Indiana.

The patient is thirty-two years old; tall, slightly built, cheerful, happy, hopeful and confident, characteristics essential to a good patient She has given birth to five children and had two abortions. The abortion previous to the one under consideration, was attended with a profuse hemorrhage, and followed by a protracted sickness and slow recovery; thus leaving the system delicate and impressible to sickness. Gestation had advanced three months when the present difficulty occurred. She had for several days symptomatic pains, but a few hours' rest quieted them, and she continued her usual household duties.

When the labor came on, the miscarriage was soon completed, the fœtus, or embryo, and placenta passing away without difficulty,

but was immediately followed by a profuse hemorrhage. The nurse, who was the only person present, used a bandage and cold water applications, which to some extent controlled the hemorrhage. I saw her as soon as I could reach her home, three miles from town. She was much prostrated from the loss of blood, her pulse thready, and extremities cold. I immediately applied the tampon, using in the first place two or three strips of linen, which were introduced deeply into the vagina, followed by one of larger dimentions and used in sufficient quantity to fill the vagina. After applying a bandage and ordering a proper amount of whiskey-punch to nourish her, I left the patient.

I have frequently adjusted the tampon, and entrusted its removal to the nurse, but have never before experienced any inconvenience from such a course. In the present case I ordered its removal in twenty hours. After the removal there was no hemorrhage for three days, then it reappeared and gradually increased until the ninth day, when the flooding returned in full force. As soon as possible the tampon was applied, saturated with tannic acid. Wine of ergot, gallic acid, and act. morphine were ordered.

I promised to return in the evening. The hemorrhage was slightly continuous through the former part of the day. I visited the patient about four o'clock in the afternoon, found the hemorrhage severe, and my patient rapidly running down. Her countenance anxious, eyes restless, sunken and cadaverous, extremities cold, and manifest subsultus tendinum. I could not account for the flooding; the tampon had been carefully applied, and I found it perfectly adjusted. I determined to remove the tampon and ascertain more satisfactorily the condition of the womb; a course, which, in the majority of cases, would be wrong. In this case, probably, the usual and most prudent efforts had been made without success, hence the examination. After removing the tampon of the morning, I found a hard round body, deeply imbedded in the pouch, or reflection, formed by the vagina running above the pouting or projection of the os uteri. The cervix uteri had by the pressure of the ball been thrown forward, thus permitting it to be so far covered by the vaginal tissues, that only one-third was perceptible to the touch. The ball was with some difficulty removed by the finger, and found to be one of the pieces of linen introduced nine days before. From the mouth of the womb projected another hard body about three-fourths of an inch in diameter and in some way so tightly agglutinated, or held by the womb, that I could not remove it with the fingers alone. This was another piece of linen introduced at the first hemorrhage nine days before. Both pieces of cloth had become very hard, and exceedingly offensive. How one of the pieces of cloth was formed in a ball shape and became imbedded in the tissues of the vagina; how the other became cylindrical, and fastened in the cavity of the womb, I can not give any explanation; such are the facts, and I am satisfied the presence of the one in the womb was the cause of the second hemorrhage. So fully was I satisfied in the case, that I had no further apprehension of flooding. The womb and vagina were syringed with water, washing away all coagula, afterward with a solution of tannic acid. The patient used whiskey-punch, and nourishing diet ad libitum. Her extreme prostration and anæmic condition rendered her recovery slow, but she is at present well.

Insect Ventilation.

An English gentleman lately took a small wasp's nest, about the size of an apple, and, after stupefying its inmates, placed it in a large case inside of his house, leaving an opening for egress through the wall. Here the nest was enlarged to a foot in diameter, holding thousands of wasps. Here he was able to watch their movements, and noted one new fact—namely, their systematic attention to ventilation. In hot weather from four to six wasps were continually stationed at the hole of egress; and, while leaving space for entrance or exit, created a steady current of fresh air by the exceedingly rapid motion of their wings. After a long course of this vigorous exercise, the ventilators were relieved by other wasps. During cooler weather only two wasps at a time were usually thus engaged.

Hospital Reports.

Jefferson Medical College,
Philad., Sept. 9th, 1868.

Surgical Clinic of S. W. Gross, M. D

Reported by Dr. Napheys.

False Circumscribed Carotid Aneurism.

Eliza H., æt. 25, colored woman. This is a case of great practical interest, and one that does not often fall under observation. The patient came to Dr. Gross' office about the first of July on account of a tumor, of the size of a double fist, on the right side of the neck and face, following a gun shot wound received nine months previously. He immediately recognized it as an aneurism.

Aneurisms may be true or false. By a true aneurism is meant a tumor into the formation of which some of the coats of the vessel itself enter. By a false aneurism, on the contrary, is meant a tumor into the formation of which none of the coats of the artery enter. This is a case of false aneurism. False aneurisms are sometimes said to be diffused. If, for instance, when this woman received the pistol shot, the carotid artery had been wounded at the time, and the opening in the integuments had not corresponded with the opening in the artery, the blood would have been diffused into the surrounding cellular tissue. Properly such an accident should not be called an aneurism; it is nothing more than a subcutaneous effusion of arterial blood. If, however, instead of the blood becoming diffused into the surrounding tissues, forming a large, soft, swelling, this blood becomes circumscribed, contained in a distinct sac, then the term false circumscribed aneurism is applied. By the term consecutive is meant that the aneurism formed at some remote period from the injury. This tumor is then a false, circumscribed, consecutive aneurism.

About nine months ago this patient received a pistol wound, two small balls entering the right side of the neck. One of the missiles was removed from the ear, it having penetrated just below and behind the angle of the jaw. The second entered opposite the upper border of the thyroid cartilage, and ranged downward toward the subclavian triangle, where it still remains. At the time of the reception of these injuries there was profuse venous hemorrhage from the lower wound, which was supposed to come from the internal jugular vein. This was checked by firm compression, under which the orifice made by the ball healed in one week. Three months ago, or six months after the reception of the original injury, a small tumor was first observed just above the bifurcation of the primitive carotid artery, which rapidly increased in size until, on the first of July last, it measured transversely eight inches, and from above downwards five, forming an immense tumor, which was larger posteriorly than anteriorly, elevating the lobe of the ear, and resting on the mastoid process, extending over on to the face nearly as high as the zygoma, and as far forward as to within an inch and a half of the mental symphisis. She could open her mouth only the extent of a quarter of an inch. It was soft, elastic, and of an indefinable shape, the seat of tremulous pulsation, and, on auscultation, of a buzzing or purring sound. It was distinctly lobulated and quite soft at some points, particularly at the anterior limit where it would apparently have bursted in two weeks. She was then advanced four months in pregnancy. Since the infliction of the injury she had had constant and severe pain referred to the shoulder joint, but after the appearance of the aneurism a considerable amount of pain was felt in the tumor itself, which was readily relieved by pressure upon the common carotid.

The pistol ball struck the external carotid artery somewhere about the origin of the facial, but on account of the resiliency of the artery, the ball bounded away from the vessel, and inflammation set in, which was followed by a distinct slough of its walls. So soon as this slough separated, blood began to be poured out into the areolar tissue beneath the deep fascia of the neck, and into the intermuscular septa, pushing the larynx and trachea to the left side. This tumor stretched the superficial cervical plexus of nerves, on which account she complained of pain about the shoulder. In addition to this, the sterno-cleido muscle was pushed to one side, became withered, indicating fatty degeneration, and thus indirectly gave rise to torticollis. If the opening of the wound had not closed, the arterial blood would have escaped, and if no assistance had been at hand, the woman might have bled to death. But on account of the orifice having healed, the blood found its way into the surrounding connective tissue which became condensed and thickened by deposits of forming at length a distinct cyst. If no sac had lymph, formed, there would have been simply a subcutaneous effusion of blood, giving rise to the so-called diffused aneurism.

When this woman made her appearance at Dr. Gross' office he desired to get rid of the tumor, not only to prevent its bursting, but also that she

might complete her pregnancy in safety. On the morning of the 6th of July he performed an operation for its relief.

When an artery is the seat of traumatic injury which occasions a false aneurism, the proper treatment is to lay open the sac, and secure both ends of the vessel. This is the old operation practised by Antyllus, which was in vogue prior to the Hunterian operation for the cure of aneurism. Dr. Gross did not entertain the idea of cutting into the tumor for two reasons. One of them was, that the Hunterian operation, which is resorted to for the cure of a true aneurism, and consists in taking up the artery on the cardiac side, thereby cutting off the supply of blood, and favoring the deposition of fibrin and coagula in the sac, has met with an unusual amount of success, and the results, in cases of circumscribed false aneurism, have been as good as in cases of true aneurism. The old operation has, however, been performed by Mr. Syme, of Edinburgh, in an instance of false aneurism of the carotid artery, at the root of the neck, produced by a stab with a knife, which was threatening to burst. In the hands of a surgeon of such consummate skill as Mr. Syme, this operation is perfectly justifiable and eminently proper; but in less dexterous hands it cannot be generally recommended. There was another objection to performing the old operation in this case, because the tumor was an immense one, filled up by lamellæ of fibrin, which would have left a large cavity to be obliterated by the granulating process. This would have required time, and would have been attended with profuse suppuration.

On the 6th of July, the patient was placed under chloroform, and a ligature applied to the common carotid just where it emerges from under the omohyoid muscle. When she came from under the influence of the chloroform, there was no pain, pulsation, nor buzzing sound in the tumor. The tumor, from having been eight inches in its transverse diameter, is now not more than three and a half; it has diminished two-thirds, and is growing smaller and smaller every day. At the expiration of three or four months, it will be reduced to the size of an English walnut.

Forty-eight hours after the operation, slight pulsation again appeared in the tumor, due to the redundant collateral circulation. The collateral vessels, in this case, were enlarged, on account of the disease being of so long standing. But during the forty-eight hours much had been accomplished; the greater portion of the blood in the tumor had become coagulated, and laminæ of fibrin had been deposited. The pulsations continued for five days. For the first two days they were not strong, but on the third day they were very marked, and the patient complained of a return of the pain at the shoulder. After that day, they began to diminish until the fifth day, when they disappeared entirely, and the suffering ceased. The ligature came away on the sixteenth day.

Cystic Tumor of the Ham.

Wm. T., æt. 22, colored. This patient has a tumor occupying the inner side of the left popliteal region. It is about three inches in length, and one and a half in diameter. In the diagnosis of tumors of the ham, the limb must be placed in different positions. When the leg is flexed in this case, there is no swelling visible, there being merely a puffy feel of the part; when it is extended, an elastic, tense, circumscribed, prominent, oblong tumor is observed, which is the seat of distinct fluctuation. There is no pain, no pulsation, no discoloration of the integuments, nor are there any constitutional symptoms. All of these signs point to dropsy of one of the normal synovial bursæ, and not to chronic abscess, lipoma, aneurism, malignant disease, or neuroma, any of which affections may occur in this region. The tumor was first detected four or five months ago, and is, therefore, of comparatively slow growth. It does not interfere with progression.

This is a case of dropsy of one of the synovial cysts or synovial bursæ about the tendons of the ham. In the natural condition, these sacs contain no fluid at all, their inner surface being merely moistened by a serous exhalation, but under sub-acute inflammation, the contents increase, constituting dropsy of the cyst. These sacs are connected with the tendons of the muscles of the ham, being interspersed between each other and the deeper structures, in order that they may move the more readily one upon the other. On the inner side of the knee-joint there are three normal synovial bursæ. The first is seated between the inner head of the gastrocnemius muscle and the femur, sending a prolongation between this muscle and the semimembranosus, and occasionally communicates with the synovial membrane of the joint. The second is interposed between the tendon of the semimembranosus muscle and its insertion into the head of the tibia; while the third lies between the tendons of the semimembranosus and semitendinosus muscles. On the outer side of the articulation there are also three cysts, the first lying behind the tendon of the popliteus muscle; the second, beneath the tendon of the external head of the gastrocne-

mius, and the third, beneath the tendon of the biceps near its insertion.

The cyst affected in this, as in the great majority of instances, is the one situated immediately underneath the inner head of the gastrocnemius muscle and its prolongation between the semimembranosus and internal head of the gastrocnemius.

The treatment of this encysted tumor is the same as that of hydrocele, the object of treatment being to excite inflammation, by which the sac may become obliterated.

The exploring needle was introduced, when a watery, unctuous fluid escaped, thereby confirming the diagnosis. A few silk threads were then inserted; the threads to be allowed to remain until a sufficient amount of inflammation shall have been provoked to insure obliteration of the sac. This method of treatment is to be preferred to the injection of tincture of iodine, as the cyst often communicates with the joint. Absolute rest of the limb was enjoined.

Medical Societies.

VERMONT MEDICAL SOCIETY.

The Vermont Medical Society held its annual session at Montpelier Oct. 14 and 15, 1868. The forenoon of the first day was passed in the transaction of miscellaneous business, reading of minutes, presentation of delegates from other societies, revision of constitution and by-laws.

The following preamble and resolutions were presented and adopted:

Whereas, The practice of using alcoholic drinks as a beverage yet prevails extensively among the people, and does not seem to be controlled by any system of pledge-taking in vogue, or by the punitive and prohibitory legislation on our statute books;

And whereas, It belongs more especially to the physician to investigate the causes of this fearful practice, so far as they may exist in the human constitution, in professional usage, or common custom, and to recommend the adoption of such sanitary regulations as shall tend to prevent or palliate the evil effects of this terrible scourge; therefore,

Resolved, That a committee of three be appointed, whose duty it shall be to report at the annual meeting of the Society, on the medical, social, and civil aspects of intoxication by alcohol, and our duty as physicians in the premises, together with such suggestions as they may deem proper to be adopted by the Legislature of this State, to arrest the prevalent evil.

The Committee were constituted as follows: Drs. Butler, Sperry, and Bullard.

During the afternoon a letter was read from Dr. J. H. Harlow, covering photographs of the skull of Mr. Gage, who was impaled at Cavendish, Sept. 13, 1848, by the premature explosion of a blast; propelling a tamping iron through the head. He fully recovered from the injury, and died in San Francisco, California, May 21, 1861. The iron was three feet seven inches long, one and one-fourth inches in diameter, and weighs 13¼ pounds. Mr. Gage had the iron on which he was impaled, engraved with his name, day and date of the accident, and carried it with him to his death. The skull and iron are deposited in the museum of the Medical College of Harvard University. Dr. Butler presented details of a peculiar case ef nervo-muscular prostration, one of cyanosis or blue disease, and one of long continued vomiting.

At 4 P. M., the Society listened to the annual address from the President, Dr. C. P. Frost, of Brattleboro. His subject was, "The Past and Present in Medical Science," in which he rapidly reviewed the past in medicine, and contrasted it with the present rapid progress of the science.

At the opening session of Thursday, the following persons were elected officers for the year ensuing:

President—J. S. Richmond, M. D., of Woodstock.

Vice-President—J. H. Hamilton, M. D., of Richford.

Secretary—L. C. Butler, M. D., of Essex.

Treasurer—J. E. Macomber, M. D., of Montpelier.

Auditor—C. M. Chandler, M. D., Montpelier.

On motion of Dr. Richmond, the following persons were appointed committees on the subjects named, to report at the next annual meeting:

On *Fractures*, Dr. S. W. Thayer, of Burlington.

On *Uses and Abuses of Speculum*, Dr. A. T. Woodward, of Brandon.

On *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro.

On *New Remedial Agents*, Dr. L. C. Butler, of Essex.

The following persons were elected Honorary Members of the Society: Ashbel Woodward, M. D., of Connecticut, Walter Burnham, M. D., of Massachusetts, Hiram Corliss, M. D., of New York, G. P. Conn, M. D., of New Hampshire.

An obituary notice of Dr. A. A. Atwood, of Sharon, was presented by Dr. Phelps, of Barnard.

The place of the next semi-annual meeting was fixed at Brandon, on the first Wednesday and Thursday of June, 1869.

Editorial Department.

Periscope.

Ergot of Rye in Neuralgia.

Dr. Woakes of London read the following article in the medical Lecture at the British Medical Association last August, and it contains some valuable suggestions.

"In the October number of the *Journal of Cutaneous Medicine* for 1867, I published a paper on the Correlation of Neuralgia to Skin-Rash, believing that the consideration of some of the typical forms of this association of symptoms, in which the phenomena are to a certain extent exposed to accurate observation, would tend to throw light on the more obscure, though perhaps more frequently occurring, forms of neuralgia. One inference arrived at was, that the rash, when present in neurotic disease, can be accounted for only by a reference to the structural anatomy of the parts involved in the lesion; while the uncertain fact of its occurrence was inferred to depend upon the nature and intensity of the exciting cause of the attack. In other words, the rash was looked upon as complementary of the pain, but having the important distinction, that, being a tangible symptom, whose causation could be traced, it suggested a clue whereby to unravel its more obscure and more formidable congener, the pain.

In order to make these remarks intelligible, I will, with your permission, briefly recapitulate so much of the theory as is necessary to show the connection between it and the treatment now proposed, which results as a direct corollary from it.

A comparison of the neuralgic and eruptive phenomena which occur when a nerve is wounded, with the corresponding symptoms exhibited in purely idiopathic cases of nerve-lesion, showed so close an approximation as to permit of their being regardad, for all practical purposes, as dentical. The theory developed from this paralleism of symptoms was this:—The results being similar in both the traumatic and idiopathic classes, the causation in each group of cases, though differing in respect of intensity, operates through the same anatomical channels, and induces the same physiological phenomena in both.

In the traumatic instances, the symptoms were shown to be manifestly due to the paralyzing influence of the injury or shock upon the fibres of the sympathetic system of nerves accompanying the *arteries* in their distribution to the *skin* and the *sentient nerves;* and the resulting symptoms were found to be in accordance with the physiological sequence of such palsy.

In the other instance, that of idiopathic neuralgia associated with skin-rash, of which shingles may be taken as the type, the same theory of shock inducing palsy of the sympathetic fibres supplying the affected tissues was cited to explain the attendant phenomena. The sympathetic nerve-fibres accompanying, say, an intercostal artery, are lost *in the direction of the skin,* on the minute divisions of the artery supplying its ultimate structure. When these nerve-fibres are paralyzed from any cause, their function of regulating the calibre of the vessels will be withdrawn. Passive congestion of these vessels, and consequent effusion of liquor sanguinis, are the physiological consequences of this nerve-palsy. Tracing such an effusion in a cuticular papilla, there will be found, in the first place, a corresponding elevation of the cuticle covering it, which gradually gains the character of a true vesicle as the effusion increases, until in this manner a spot of herpes is produced. Following out the track of this anatomical clue, we are led to an explanation of the *pain*—the neuralgia—so often associated with shingles. The same artery which supplies the affected spot of skin, sends also nutrient vessels of the neighboring sentient nerves, which vasi nervorum are furnished with regulating sympathetic fibres continuous with those proceeding to the cutaneous arterial twigs. These vasi nervorum will, therefore, acknowledge the same impressions, and manifest the same behavior under them, as do the minute vessels of the skin when under the influence of shock, as just now described. Consequently, there will ensue, synchronously with the corresponding skin-phenomena, a state of dilatation of these vessels, and exudation from them of watery elements between the fibrillæ of the nerve; and, being confined in this locality by the fibrous sheath of the nerve, a mechanical stretching and compression of its constituent sensory fibres ensue, resulting, as might be expected, in the acute pain so characteristic of neuralgia.

It will be impossible here to repeat the entire argument on which these conclusions are based, and I must content myself by referring any one interested in the matter to the paper from which I have quoted. That shock of the kind alluded to is the proximate cause of shingles, is borne out by many examples, but by none more strikingly than one which recently came to my knowledge.

A single young women, aged about 20, wore through one day, and at the cost of much suffering, a pair of stays considerably too small for her. In the course of three or four days, an attack of shingles supervened. Of course, it is not implied that the shock does in all cases assume the palpable form just mentioned; draughts of cold air, and other more subtle influences, being frequently the starting-point in the disease: The application of this theory is, *mutatis mutandis*, coextensive with the wide range of neuralgic affections; and its soundness may be tested by its capability, in the first place, of suggesting an explanation of successful though purely empirical modes of treatment, and, in the second place, of originating new and more precise methods of cure.

In treating the pain remaining after a simple case of shingles, therefore—and the remark applies to all uncomplicated forms of neuralgia—the chief indication is to restore the tone of the vessels, withdrawn through the paralysing influence of the shock on the nerves controlling them. In other words, we have to induce in the smypathetic fibres concerned a return to their normal function of regulating the circulation through the small arteries and capillaries. This equilibrium being once restored, we may confidently expect the disappearance of the effused fluid from its disturbing situation amongst the fibrillæ of the sentinent nerves.

The drugs hitherto found useful in the simple forms of neuralgia, the pathology of which I have so inadequately attempted to indicate, may, I believe, have their *modus operandi* traced to their influence upon the sympathetic nerves, through the medium of which they restore the suspended tone of the remote arterial circulation. To the list of these, foremost amongst which is belladonna, I would now suggest that there should be added the *ergot of rye*—basing the recommendation upon the experience of the following cases.

My attention was first drawn to this drug, as of probable use in nervo-therapeutics, from observing its power of controlling the hæmorrhage in a case of hæmoptysis—showing that the range of its operation on the vascular system is by no means limited to that part of it represented by the uterine vessels. It seemed equally clear that its effect in this respect was mediated by ganglionic nerves; and, therefore, that it was exactly adapted for exerting a remedial effect over the pathological condition of neuralgia depicted in my theory. Examples might have been added where great benefit accrued from a combination of the ergot with other remedies adapted to the case; but those only are reported where the drug was administered *per se*.

Case I. *Shingles.*—M. M., a single female, aged 22, of sallow complexion. The catamenia had been absent six months. She had had headache six weeks; and sharp pain in the right side of the chest one week, after which an herpetic rash appeared beneath the right breast, extending backwards on this side to the spine. At this time (February 10th, 1868), there was also a sharp neuralgic pain (besides that below the breast) in the second right intercostal space. The bowels were confined. I ordered her an ounce of mistura alba three times a day. On February 12th, she was no better. The rash was extending on the same side. The pain was very severe under the right breast. Her person exhaled a peculiar pungent odor. On February 15th, she was in about the same condition, and was ordered to take fifteen minims of liquid extract of ergot in an ounce of water every four hours. On February 17th, she stated that the pain was very much better since taking the medicine. She passed a great deal of urine. On February 19th, the pain in the side was worse. The ergot was increased to forty minims. On February 21st, she had been almost free from pain since the the last date. She said her sight was very dim. The pupils were dilated. She was ordered to discontinue the ergot and take twenty minims of solution of sesquichloride of iron in water three times a day. On February 24th, the catamenia returned. The odor was gone. She felt quite well, and had no pain. On February 29th, she experienced a slight relapse of pain, with great weakness. She was ordered to discontinue the steel, and to return to the ergot, a very few twenty-minim doses of which completely cured her.

Remarks.—This instructive case points throughout to some lesions of the nervous system as the root of the malady. The pungent sweats are specially interesting, as they occur in some cases of wounded nerves, as pointed out in the report of cases of this kind from America. I believe the steel was prejudicial; and infer that, in many cases of simple suspended menstruation (chlorosis) in young females, ergot of rye is a preferable remedy.

Case II. *Sciatica.*—E. L., aged 21 had pain in the left hip, shooting down the back of the leg in the course of the sciatic nerve, worse at night, with thick high-colored urine, during four months. The catamenia were regular. This, being regarded as a case of rheumatic sciatica,

was treated for a week with alkalies and iodide of potassium; but, as the pain became worse, she was given, on March 3d, 1868, ten minims of extract of ergot in an ounce of water every four hours. On the 4th she stated that she slept much better: and the pain was much relieved since the previous day. On the 7th, she had no return of pain since the 4th. She said she had not been so well for four months. Her remaining debility was met by a combination of ten minims of liquor ferri sesquichloridi and six minims of liquid extract of ergot, in water.

Remarks. It will be observed that this patient was cured completely in four days of an illness which had caused her increasing annoyance during four months. The case illustrates also a point supported by subsequent experience; viz., that, when ergot is likely to be useful, its good effects commence immediately.

Case III. *Tic Douloureux.*—Emma B., aged 21, was attacked on April 27th, 1868, with very severe tic of the left side of the face, affecting especially the inferior dental nerve, and extending downward to the shoulder. She had dyspepsia, but otherwise was healthy. She was ordered to take an ounce of the following every four hours.

℞.	Potassæ bicarbon.,	ʒiss.	
	Infusi ergotæ,	f.ʒvj.	
	Extract. ergot. liquid.,	f.ʒj.	M.

On April 29th, the tic was almost gone. She complained now only of weakness. At her next visit, recovery was complete.

Case IV. *Hemicrania.*—John Gray, aged about 35, has been repeatedly under treatment for that form of neuralgia known as brow-ague. His attacks have been cured alike by quinine and sesquioxide of iron. Sometimes they are very severe, and the treatment long continued. He was last seen in May 1868, when he had a very sharp attack of neuralgia of the right temple. He was ordered to take, every four hours, an ounce of a mixture of two drachms of liquid extract of ergot in six ounces of infusion of ergot. After taking this for two or three days, he was cured more satisfactorily and quickly than in his former attacks.

Case V. *Tic Douloureux.*—Miss E., aged 22, was seen on June 2d, 1868, She had had tic in the left temple for two weeks, very severe at times. The tongue was foul, the secretions normal, and the general health good. A stomachic with soda and rhubarb was prescribed. On June 4th, the tongue was cleaner; but the neuralgia was unrelieved. She was ordered to take every four hours, an ounce of a mixture containing two drachms and a half of liquid extract of ergot in eight ounces of infusion of ergot. The neuralgia was relieved immediately after commencing this treatment, and entirely left her after using it two or three days.

In one case of chronic, and one of acute sciatica, the ergot failed to relieve; but it is hoped that the very favorable result which the examples now repeated indicate to have accrued from its use may gain for the drug a more extended trial in neurotic affections; and that, shortly, sufficient data may be collected to enable one to decide with some degree of precision the class of cases in which to expect from it the marked benefit it is evidently capable of effecting in many forms of the disease.

A New Preparation of Lupuline.

Dr. Dyce Duckworth, medical tutor of St. Bartholomew's Hospital, says in the *British Medical Journal* that it is certainly remarkable that lupuline has not found a place in the new *Pharmacopœia* of Europe. It may, however, be said that it is not altogether ignored, inasmuch as it is expected to be present in the hops as ordinarily employed. It is not too much to assert, that the amount of it in different samples varies considerably; and it is certain that this peculiar powdery mattery represents the active principles of the entire strobili in a concentrated form. During a recent series of pharmaceutical experiments with the powder, he was constantly struck with the remarkable valerian-like odor evolved from the different preparations; and he was interested to find, in the course of subsequent reading on the subject, that M. Personne had discovered valerianic acid in lupuline. In none of the *British Pharmacopœia* preparations of hop, except the extract, can it be said that the real strength of the drug is removed. The tincture made with proof spirit, which does not thoroughly exhaust the active parts of the scales of lupuline, and the watery infusion, can but inadequately represent the virtues of the medicine. He recommends the following formula. Lupuline, 2 oz.; spirit. ammon. arom., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstruum to make up to a pint. The dose of this is from twenty minims to one fluid-drachm. He proposes to call it "tinctura lupulinæ ammoniata." He considers this preparation of the hop as the best we at present possess. According to Christison the dose of tinctura lupuli should be from one fluid-ounce to one fluid-ounce and a half to produce any hypnotic effect; the ordinary dose consists of as

many drachms. Dr. Ives, of New York, states that the tincture of lupulin is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.

Reviews and Book Notices.

Correlation of the Physical and Vital Forces. An Inaugural Address Introductory to the Course on Institutes of Medicine in the Jefferson Medical College, delivered Oct. 12th, 1868, by J. Aitken Meigs, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, etc. Published by the Class. Philadelphia: Office of the Medical and Surgical Reporter, 1868. Pp. 32. *Price*, 25 cents.

Once or twice in a century, thousands of detached and scattered facts in the domain of science are grouped under one law, and endowed with meaning and significance by some masterly generalization which explains them all, and serves as the starting point for other and still profounder scrutiny into the mystery of the universe. Such was the generalization of Newton when he identified the force that draws the apple to the earth with that which suspends the worlds in empty space; such, perhaps, that which sees in the merciless struggle for individual existence, the means of developing and ennobling species; such certainly that which reduces those invisible powers which the old chemists called the imponderable elements to manifestations of one and the same primal force.

This latter is the topic of the present discourse; and rarely indeed have we seen so magnificent a scheme treated in equal space in such a masterly manner. The history of the discovery of the Correlation of Forces is carefully traced, and while the credit is not assigned exclusively to any one mind, Dr. Samuel Metcalfe, of Kentucky, is mentioned as the one who first clearly saw the full importance of the generalization. The influence that it has since exerted, and must ever exert, not merely on abstract theories of physiology, but on the daily practice of the physician, is dwelt upon with great force. By it an entirely new phase is given to the study of organized life, and even the inorganic forces of crystallization come within the bonds of this universal law.

We observe that on page 9, the author attributes to the illustrious Alexander von Humboldt a belief in a vital principle, and quotes in support of this his "Aphorismi ex Doctrinâ Physiologiæ Chemicæ Plantarum." It is true that in 1793, when this essay was published, Humboldt did entertain such a belief. But it should also have been added, that in the notes which more than half a century afterwards the great physicist appended to his beautiful fable "Die Lebenskraft, oder der Rhodische Genius," he distinctly denies any *lebenskraft*, and says, "I call no longer that a 'vital principle,' which probably is only the result of the reaction of long familiar elements and their material activities."

Such an address as this is the right kind of an introductory,—infinitely better than those "trite congratulations and rhetorical displays" which usually consume the introductory hour. May its author live to give us many such.

A Treatise on the Principles and Practice of Medicine; designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D. Third edition, thoroughly revised. Philadelphia, 1868. H. C. Lea. 1 vol., 8vo., pp. 988. *Price*, cloth, $6.00; sheep, $7.00.

It is a sufficient testimony to the merits of Professor Flint's Practice, that in three years it has passed through three editions. Nor is this third edition a mere reprint, but it comes to us with many and valuable additions, which make it almost a new book. They are based on the extensive clinical experience of the author, as well as on the latest contributions to medical literature. We doubt not that this will meet with a not less cordial reception than the previous editions.

"A New Lute for the Laboratory."

A scientific journal contains a paragraph under this heading which we cannot altogether understand, for it alludes to zinc-white, fine sand, and other things not usually employed in the manufacture of musical instruments. However, as the laboratory is to have a lute, we are only too happy, as lovers of science, to present a song for the lute:—

O! come where the cyanides silently flow,
And the carburets droop o'er the oxides below;
Where the rays of potassium lay white on the hill,
And the song of the silicate never is still,
Come, O, come!
Tumti, tum, tum!
Peroxide of soda, and urani-um!

While alcohol's liquid at thirty degrees,
And no chemical change can affect manganese;
While alkalies flourish and acids are free,
My heart shall be constant, sweet science to thee!
Yes, to thee!
Fiddledum dee!
Zinc, borax, and bismuth, and HO + C.

—*London Fun.*

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 7, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE NEW METHOD IN METAPHYSICS.

Some years ago we heard a distinguished professor of metaphysics deliver his closing lecture on the history of speculative science. Having passed in review one system after another, from the crude dreams of the early Greeks down to the complicated but not more satisfactory theories of HEGEL, he informed us that none of these thinkers had approached the problem in the right way, and consequently none of them had solved it.

Metaphysics, he went on to say, was to be studied like other natural sciences, by experiment and observation—not *a priori*, as it has been hitherto. He did not explain himself further, leaving his hearers therefore in precisely the same foggy and uncertain mental condition that his predeceseors in speculative philosophy had ever done.

But thinking often on what he said, it has seemed to us that the truth of his saying is being recognized and acted on quite widely. The exhibitions of mind are being studied in a very different spirit, and by very different means than ever before. It has been recognized that nationalities and races manifest peculiar temperaments and abilities. The cause of this is sought for in their physical structure, in the external circumstances to which they are exposed, in their material nature, in short. Anthropology no longer means anatomy merely, but man in his social and intellectual life. The sentiments which inspire our actions, the ideas which rule our lives, are not derived from some imaginary categories, but from definite sensory impressions, visible morphological relations.

The deceptions of the senses have been analyzed by Professor LAZARUS of Berlin, with rich results, the distinguished philologist, STEINTHAL, has aimed to express clearly the peculiar traits of races with reference to their physical characters, the pathological mental states, insanity, monomania, etc., have been scrutinized so as to learn, if possible, to what physical lesion they correspond; the nerve force has been weighed and measured, the manifestations of spiritualism, animal magnetism and mesmerism, have taught us to extend the sphere of the operation of this force, and more and more closely have we learned to approximate the exhibitions of mind to the development of chemico-physical force.

Undoubtedly biological researches are constantly diminishing the mystery which has hitherto hung over mental processes, are constantly teaching us that it is equally vain to seek to explain such processes by the method of deduction as it was to explain physical phenomena by the same method. Here, as elsewhere, the Baconian system of induction must be applied to reach any sound doctrine.

The study of anatomy and physiology is now a necessary prologue to metaphysical research; and conversely, from such researches, we may expect to derive much benefit in histology and physiology, in the treatment of the insane and the idiotic.

A fear is prevalent that if speculative philosophy is reduced to these limits, it will be ever narrow, grovelling, materialistic. But Icarus must first grow his wings ere he attempts to fly to the sun, otherwise he meets with a disgraceful fall. Rightly understood, such a method by no means presupposes a coarse materialism. On the contrary, it shows us with proof as strong as Holy Writ that there exist, that there *must* exist infinite ideas, infinite intelligence, infinite Love; that Life is eternal; that the antagonism of matter and spirit, which has been the stumbling block of metaphysicians in all ages, is illusory; that as the illustrious physicist FARADAY often said in his closing years, the universe is One, from One, and in One.

Notes and Comments.

The Troubles of Editors.

Our brother journalist, the accomplished editor of *The Historical Magazine*, speaks thus plainly to those subscribers who expect editors to furnish lost back numbers for nothing: "those who have ears to hear, let them hear!"

"We shall know of the safe delivery of every subscriber's copy to the United States, for delivery through the mail. We cannot pretend to do more than this, and we shall not try to do so. We cannot afford to replace, *at our own cost*, those numbers of our Magazine which shall be stolen, or 'mislaid,' or given away, or lent and not returned, or soiled too badly for binding, as some appear to expect; nor shall we try to be thus generous at the expense of justice to those who look to us for 'their daily bread.'"

Mortality of the Abyssinian Expedition.

In the Abyssinian expedition says the *Deutsche Klinik*, the English troops had 5–8 per cent, of their number sick, and 1–3 per cent. of deaths.

The death-rate among officers was 11 per cent. of the *sick;* among the privates 18 per cent. in the highlands, and 20 per cent. on the coast and on board the hospital ships. Three medical officers died, and three officers died from violence, one of them a suicide.

The Ether Spray in "Popliteal Aneurism."

Dr. Henry Harrison reports a case of popliteal aneurism in the *Med. Times and Gazette* in the treatment of which the æther spray was applied, in addition to digital and instrumental compression. He inclines to the opinion that this had much to do with the rapid solidification of the rather large tumor.

Ergot in the Treatment of Purpura.

Dr. Bauer, of Neutershausen, (*Deutsche Klinik*) reports great success in the treament of purpura hæmorrhagica with secale cornutum. He gives eight to ten grains three times, or oftener, daily, until hæmorrhagic manifestations cease. When anæmia remains he treats it with chalybeates.

Orders Bestowed upon Physicians.

The Emperor of Russia has conferred the St. Vladimir Order, third class, upon Romberg, the Nestor of German clinical medicine.

The King of Prussia has honored Gottlieb Röttger, of Hornberg, surgeon and obstetrician, with the Royal Order of the Crown, fourth class.

Correspondence.

DOMESTIC.

The Gamble Poisoning Case.

Editors of the Medical and Surg. Reporter:

The well-intended suggestions of "Medicus" in No. 19, Vol. XIX. of the Medical and Surgical Reporter, are seemingly devoid of a substantial base. Irrespective to the adverse clinical observations of Doctors Van Houghton and Polhemus, there is nothing in the post mortem appearances which could be construed into the pathological effects of an irritant poison.

The Gamble case is nevertheless of some considerable forensic interest, and is likely to occupy the attention of the profession for some time to come. At the present stage of the inquiry it is impossible to form an objective opinion on its merits; for the case is brought before the public, only by very fragmentary reports of the secular press, derived exclusively from the evidence adduced by the prosecution.

It would be out of place to analyze the specific motives by which the prosecuting attorney is actuated, though it is well known that an inheritance of about $150,000 lies in the back-ground. Nor is it necessary to foreshadow the exculpating evidence in the premises, which the able defence holds in readiness, to explode this most atrocious scheme to deprive an innocent man of life and property. All we can legitimately entertain for discussion is the character and bearing of the professional testimony thus far elicited.

The autopsy of the body of Mrs. Gamble leaves the cause of death undecided. The brain was so entirely destroyed by advanced decomposition, that it could not subserve the object for which the autopsy was undertaken. As to the condition of the lungs, Dr. Sheppard found them healthy but *partially* discolored by hypostasis. On this point he will be confronted by two physicians who likewise witnessed the post mortem examination, and who say that both lungs were equally and uniformly discolored, congested and œdematous, exactly in that condition which so often causes the sudden death of persons addicted to the habitual use of ardent spirits.

The liver was neither enlarged, nor in a state of fatty degeneration; but Dr. Sheppard did not measure nor weigh the organ, and has therefore no accurate evidence on this point. On microscopic examination he found but the ordinary quantity of fat in the liver, but failed to say whether the oil globules were found in the hepatic

cells, or in the lobular interstices, which would constitute a material difference in a pathlological bearing. As far as I know, the former are physiological, but the latter are always the result of a morbid process.

The heart was sound; there was no microscopical examination as to the presence of fatty degeneration of the muscular fibres. The vessels were only inspected at their insertion into the heart. Whether there were thrombi or emboli anywhere, Dr. SHEPPARD has left unexplored, though he surely is too well informed a gentleman, not to be aware that either of them are but too frequently the cause of sudden death. The kidneys were healthy and but slightly congested. But the bladder was "contracted down" and contained but an ounce or so of urine. The stomach and intestines were delivered up to Dr. DOREMUS for chemical analysis of their contents, as also a piece of the liver, the left kidney and a piece of muscle.

On the following day (August 15,) Dr. SHEPPARD, conjointly with Dr. DOREMUS, investigated the stomach and intestines, found them discolored but without any pathological change indicative of irritation or inflammation.

I can find no fault with the doings of Dr. SHEPPARD, except that he allowed himself to be prejudiced by the prosecution, and that he did not carefully search for the cause of death outside of the alleged poisoning.

Everything, therefore, rests with the chemical analysis, and Dr. DOREMUS should have been aware of the great importance attached to his evidence. Through the direct examination Dr. DOREMUS passed with great suavity and comparative ease. He had for every question a direct, positive and ready answer. The substance of his evidence amounted to this:

First. That he found "traces and reactions" of morphia and meconic acid in both stomach and intestines.

Second. That he believes Mrs. Gamble died from the poisonous effects of opium and its components.

In the moment the witness was handed over to the defence for cross-examination, the learned Doctor at once realized that he had got into a chair not quite as comfortable as the professional chair which he occupies at the Bellevue Medical College with so much grace and appreciation.

A four hours' cross-examination, occupying a part of the night, took signally away the self-assurance and scientific strength of the witness, as we shall soon show. His answers became circumlocutory and evasive; he required explanations to make them clear; he was no physician; had no practical experience as to the anatomical and symptomatic effect of poisoning, notwithstanding his being the professor of toxicology. He was sorely in need of the protection of the court. The very same questions which he had but recently answered so positively, had at once become unintelligible to him, when the name of Mrs. Gamble was appended. In fact, the bearing of Dr. DOREMUS on this occasion was so painful and incomprehensible that it became evident he had become the victim of prejudicial influences from which an expert and a gentleman of his position should keep aloof.

I take it for granted that professional experts have no right to commit themselves one way or the other, beyond the facts submitted to their scientific interpretation.

Now allowing for the sake of argument, that Dr. DOREMUS had discovered the "traces and reactions" of morphia and meconic acid, beyond the possibility of any doubt, are his inferences that Mrs. Gamble died from opium poisoning, in keeping with those facts, or at all justifiable? did he not know that the deceased had received for medicinal purposes opium in substance, and morphia, even as late as nine hours before her death?

In his cross-examination Dr. DOREMUS admitted:

First, That the most powerful poisons are at the same time the most efficacious remedies.

Secondly, That the difference between a poison and a remedy is simply a question of quantity.

Thirdly, That three grains of opium, and that as much as a grain of morphia might be administered to an adult as a legitimate dose of medicine.

Fourthly, That he had made as yet no quantitative analysis of the contents of the stomach and intestines.

Fifthly, That he was unable to state how much morphia there was in those contents. That he did not know whether there was one grain, one-half, one-fourth, one-eighth part of a grain; nay, that he was uncertain as to the one-thirtieth part of a grain; and that, in fine, he could not swear that there was more than one-fiftieth part of a grain.

Had Dr. DOREMUS given an undecided answer as to the cause of death, and reserved his final opinion until the time when he had finished his analysis, and ascertained the exact or approximative quantity of morphia and meconic acid; had he taken the reactions of morphia and meconic acid, at this stage of his examination, as

merely indicative of the presence of a poisonous substance, Dr. Doremus would now be in accord with the rules of medical jurisprudence and toxicology, and free from all and every imputation of his evidence.

As it is, the learned professor has placed, or allowed himself to be placed in a position by no means envious, and I, for one, should not like to share its responsibilities.

I do not venture upon any opinion at all as to the cause of the death of Mrs. Gamble, but every well-informed practitioner must come to the conclusion that on an evidence so flippant and untenable, no man can be tried for his life and found guilty.

It is not the first time that Dr. Doremus has committed errors of this kind. In the Spicer case, for instance, the learned professor found, or imagined he found strychnia; whereas the autopsy revealed preëxisting hæmato-thorax, caused by the atheromatous and probably torn condition of the intercostal arteries.

Analytical chemistry, and more especially the analysis of vegetable poisons, are as yet in their infancy; and but rarely does analysis suffice to substantiate their presence, and requires mostly the assistance of the symptoms previous to death.

This much is clear from the medical evidence, that the deceased presented no signs whatever that could possibly be connected with the poisonous effects of opium and its components; for her chief troubles were pains in the abdomen, which would not likely ensue from poisonous doses of opium. Nor were the post mortem appearances of such a character as to accord with the effects of poisonous doses of opium and its components. Emesis, for instance, is quite common in opium poisoning, yet the stomach and intestines were filled. Constipation, hardness and dryness of the feces are common, whereas the large intestine of Mrs. Gamble presented semi-fluid contents.

Dr. Doremus presumes that opium and its components are cumulative poisons, and bases his hopes on the probability of finding large quantities of these substances in the tissues. But this is an error which by this time the distinguished gentleman will have dispelled from his mind, by reading the experiments of Bouchardat, who informs us that both opium and its components pass rapidly through the system, and are discharged through the urine. The opiophages serve as the best argument on this point.

As the case stands, we have not to expect more disclosures from the learned professor, but the trial, if the prisoner should be held at all, will furnish racy scenes which Dr. Doremus will not particularly relish.

I shall take pleasure in furnishing you the further developements and phases of the Gamble case in due time. Informatus.

Death from Baptism by Immersion.

Editors Medical and Surgical Reporter:

By your permission I report the following case. At a baptism yesterday, October the 18th, in the Platte river four miles from this place, several persons were immersed, and a young man by the name of Stephens, after being immersed, but while still in the river, wiped the water from his face a few times with his hands, then threw his hands and head backward, and fell backward in the water, whereupon his friends ran quickly in and took him upon the bank, after which he gasped five times and died without a struggle. The people not knowing what to do there was little done to resuscitate him.

Two hours afterward I saw the corpse, and found his hands, arms and face cold, but there was considerable warmth in the axillæ.

Percussion elicited a good resonance over the chest except a little dulness over the lower part of the right lung. The heart was still and he was evidently dead, and I made no effort to restore life. I learned from the friends that he had never had convulsions or fits of any kind, that he had been perfectly healthy. After he had been taken upon the bank, the radial pulse was easily felt. In dying there was a little frothy mucus came out at the corners of his mouth, but there was no stertor in breathing, or contortions of the facial muscles. Now what caused this man's death? Did water enter the bronchial tubes in his efforts at inspiration in sufficient quantities to destroy life, or would not the spasmodic closure of the rima glottidis upon the contact of the water prevent this to any considerable extent? Besides, as remarked above, there was a good chest resonance under percussion, except in the lower part of the right lung. Could apoplexy or epilepsy have caused his death? The usual signs of these were absent; no stertor or convulsive movements of the muscles. Or can his death be accounted for from the physical shock upon the nervous system, causing syncope or fainting immediately after the immersion. This is the most plausible explanation that I can give, taken in connection with the disturbing influences that the small amount of water that he may have inhaled and swallowed might have had

upon his mind and body. Will you please give us an opinion on the subject? A post-mortem was not permitted. Francis A. Simmons, M. D.

Rochester, Mo., Oct. 19, 1868.

Presentations of Superior Extremities.

Editors of Medical and Surgical Reporter:

Case 1. June 16th, 1868, was called to see Mrs. M. in labor with 9th child; duration 36 hours; position left dorso-sacral; membranes ruptured some twelve hours since, left hand and forearm prolapsed external to vaginal orifice; left shoulder completely filling superior strait; woman's powers considerably fagged; an aged midwife was in attendance. My first efforts were directed to returning the hand and endeavoring to bring down the head. After many in effectual efforts in this direction I then sought the feet, hoping to effect version thereby, but the waters having been drained off so long, and the uterus being quite irritable my efforts in this direction were also futile. At 2 A. M., of the 17th., a messenger was dispatched some eight miles after Dr. H., for consultation, who arrived in due season, and upon examination our conclusions were that the child could and should be born instrumentally intact, and hence efforts were directed as heretofore. In about one hour strong uterine efforts occurred, the shoulder receding gently, the head advancing, and in this condition, aided by whatever tractile force we could render, the child was soon born, and the mother had a good getting up; to all appearances the child had been dead some two weeks. I would remark, this woman appears to be peculiarly obnoxious to bringing her children in the world crosswise, having had three labors heretofore of presentations of superior extremities.

Case 2. On 24th inst., was called to see Mrs. F., in labor with 8th child; has been in labor for past 12 hours; position, right dorso-sacral; membranes ruptured and waters all gone seven hours since; hand and arm protruding as formerly,—old midwife as usual in attendance,—did my very best to get the feet but failed; returned the hand several times and endeavored to bring down the head; each time the hand would be thrust out again, until after being with the case from about 5 P. M., until 2 A. M., following, I at length succeeded in elevating the shoulder and bringing down the head, and delivering the woman of a large child; viability feebly perceptible on my arrival led me too truly to render an unfavorable prognosis with regard to the safety of the child. It is thus I enter my complaint of an evil from which we suffer, and for which I hope to see a remedy. True child-birth is a provision of nature, and the accoucheur should not substitute himself for nature, but whilst he is thus ready to let nature assist herself, he should be prompt to recognize and avert any danger that may arise. Had I had charge of these cases from the first, and been so fortunate as to detect the nature of the presentation, and turned ere the escape of the waters, a vast amount of suffering would have been saved, and my mind would have been relieved of considerable anxiety. If we are to have women obstetricians, let them be educated, otherwise I shudder at the trouble they sometimes bring.

Oran A. Rives, M. D.

Frenchville, Pa., September 29th, 1868.

Fracture of Base of Skull. Recovery.

Editors Med. and Surg. Reporter:

Glancing over my note-book, I noticed the following case of fracture of base of skull, with complete recovery, which may be of some interest to the numerous readers of your widely-circulated Reporter, and add one to the few cases of this kind, resulting in recovery, that have been reported.

I was called to see a little daughter of Mr. R., aged six years, on the 24th of July, 1862, who, with some children, had been playing on the hay loft, and whilst running, fell therefrom, a height of eighteen feet, on the hard threshing floor, headforemost. She was considered lifeless when brought to the house, and the question arose, was it necessary to send for a physician, and it was finally concluded to send for me.

When I arrived at the house, 6 P. M., a distance of six miles from my office, and about one hour and a half after the accident, I found her entirely unconscious, very comatose, it being utterly impossible to arouse her; evidently suffering from concussion and compression of the brain; blood discharging from both nostrils and mouth, and a free discharge of bloody serum from the ears, but mostly from the right ear.

There was no injury to any part below the head; but it was very evident, as was noticed by those who saw the girl fall, that she had fallen headforemost, striking over the frontal bone, to the right of median line, for in this region the scalp was doughy, and although no crepitation could be detected, the parts struck were very considerably contused.

In addition, there was very great and steadily increasing ecchymosis of right eyelids. Pulse 56 in minute, and irregular; heart's action labored; respiration 25 in minute; snoring; deglu-

tition was impossible, and at first, recovery seemed almost impossible.

I immediately made efforts to bring on reaction, by means of the ordinary remedies, and was pleased to see that my efforts were succeeded by moderate reaction, which came on slowly, but surely. I then had the head shaved, and ice-water cloths applied; also applied a large blister to the nape of neck, and administered stimulating enemata. Applied sinapisms to the epigastrium, calves of legs, and feet.

8½ P. M. Pulse 90, irregular; respirations 20, regular; deglutition improving; bowels moved, and bladder emptied with aid of catheter; surface hot and dry.

10 P. M. Pulse regular, full, and hard; respiration becoming more natural; surface hot and dry; antimonial and saline mixture given at stated intervals; injected the ears and nostrils with cold water, which caused the hemorrhage to cease more or less, only a slight serous discharge remaining. Ordered the applications of cold cloths to the head, and sinapisms to extremities, to be continued, and the patient carefully watched.

July 25th, 11 A. M. Found my patient very much improved in every respect. After this, the treatment was modified to suit the exigencies of the case, from which time she continued steadily and rapidly to improve until her recovery was complete, and is at this writing a very robust and active child, and I may say, a very intelligent child of her age, which is now twelve years.

I would state that the new growth of hair on the scalp was a jet black, instead of a flaxen, as before the head was shaved, and that wonderfully little deformity of the head remained, which is now almost imperceptible.

G. W. Seip, M. D.

Stroudsburg, Pa., Oct. 26, 1868.

News and Miscellany.

Suit for Malpractice.

Professor L. C. Lane has been the subject of a suit for malpractice in the Fourth District Court of California. He had operated for artificial pupil on an eye that had been injured and blinded, and in which the operation was performed as the only possible means of restoring its vision, though without any sanguine hope of success. The eye was not improved afterward, and the patient, prompted perhaps by some unprincipled advisers, thought to extort money from his physician by a suit for malpractice. The first suit, brought a year ago, was withdrawn by the prosecutor, just as the doctor was prepared and anxious to go into the trial. A second suit was instituted, other counsel being employed, and the case had a hearing before Judge Sawyer on the 27th of August. The day was occupied in examining witnesses for the prosecution, and when that was completed, and all the testimony presented which the industry and ingenuity of the plaintiff and his attorneys could accumulate, the Judge refused to permit the case to go to the jury, as there was not a particle of evidence to sustain the allegation. A more barefaced attempt to extort money under cover of a suit for malpractice can hardly be imagined. A number of physicians and irregular practitioners were called to the stand, in the hope that the prevailing propensity of medical men to differ from each other would elicit some ground on which to rest the accusation. But, for once, an examplary disposition was exhibited by all the witnesses to be faithful to the profession, and to sustain the accused against what was manifestly an unjust prosecution. Even the irregular practitioners who were called to the stand, showed by their answers that they felt an interest in upholding the rights and reputation of the regular profession.—*California Medical and Surgical Journal.*

The Medical Students in London this Winter.

The British Medical Journal gives the following list, which represents the metropolitan entries this winter of new students for a complete course of education in the medical profession, so far as it can be estimated from entirely trustworthy data. The registration of students ceased on Thursday, the 15th of October, at 4 P. M. Guy's Hospital, 90; St. Bartholomew's, 86; University, 60; King's College, 39; London, 35; St. Thomas's, 24; St. George's, 23; St. Mary's, 19; Middlesex, 14; Charing Cross, 20; Westminster, 4. St. Thomas's, the London, and St. George's Hospitals, which have each made considerable additions to their establishments during the year, may be congratulated on the improvement in the number of students who have entered. University College has also a very large entry. The total number of students is such as to lead to the belief that the considerable improvement in preliminary educational tests which is still urgently called for, would not mischievously affect the number of aspirants to practise medicine.

A New Microscope.

The Abbe Moigno, in a letter from Paris to the *Journal of the Franklin Institute* of this city, describes a novel and ingenious microscope invented by Signor Marco Caselli, of Rome. It consists of a magnifier, one of whose sides is silvered by precipitation with the aid of organic substances. If we place an object in front of this lens at a proper distance, we obtain a well magnified virtual image. Two convergences and one divergence contribute to produce the magnifying power: 1. The convergence of the rays entering the lens. 2. The divergence of these rays by the silver concave mirror at the back 3. The convergence of these rays on quitting the upper surface of the lens.

The mirror-lens is placed horizontally, or slightly inclined, so as to keep at a distance the image of the object. Above it, and fastened to the same pillar, is the horizontal diaphragm on which the object is placed; this is furnished with a screw and rack-work, so as to be raised or lowered at will. Above this, at a short distance, is placed a screen of white or almost colorless card-board, at an angle of 45 degrees, and pierced exactly over the centre of the mirror-lens, with a small hole, through which the image is seen. The card also serves to reflect light on the mirror-lens, and to make the image appear on a white ground.

With this microscope, there is no need of the usual lenses, nor mirror to light up the object, since the mirror-lens itself causes the light to converge on the object.

Carbolic Acid as a Disinfectant.

The following is a copy of an official report by Mr. N. W. McCoy, F.R.C.S., Colonial Surgeon of Sierra Leone, to the Governor of Western Africa, on the subject of the sanitary uses of carbolic acid.

"In compliance with your Excellency's wish, that I should express my opinion on the merits of carbolic acid from my experience of its use in the large colonial hospital here under my charge, I have pleasure in stating that I have every reason to speak highly in its favor.

"I have had it used very extensively: 1, as a disinfectant and deodorizer; 2, as an antiseptic dressing for wounds and foul sloughing and phagedenic ulcers; 3, as a stimulating dressing for weak, unhealthy sores. Its disinfectant and deodorizing properties are undoubted. I have it used in the form of liquid and powder; the former for the closets and urinals, etc.; and the latter, on the floor of the wards, the dead-house, etc. There is nothing disagreeable to my senses in the odor, particularly in the use of the powder. As an antiseptic dressing for foul ulcers, I have especial opportunities of testing its value in the treatment of the many cases of leprosy that are received into the hospital; and I have found it far superior to any application I have ever seen used as an antiseptic dressing. Some cases, absolutely unapproachable from the stench, have, on one or two dressings, become free from repulsive smell. It diminishes the secretion of pus in suppurating wounds; and its solution in oil, in the proportion of one to eight or ten, forms a good dressing for weak granulating ulcers.

"The British settlements on the Coast of Africa are mostly situated at the estuaries of rivers, where, from the proximity of fresh or brackish water and the great heat of the climate, insect life is most prolific, rendering the existence of Europeans almost unbearable, especially at certain seasons. Carbolic acid is found to be a preventive to the attack of insects: and I have it, from the highest authority in the colony, that sponging the skin with a weak solution is an effectual safeguard, and an Englishman may thereby be enabled to repose in comfort, without being subjected to that unsupportable pest of tropical climates, the attack of the sleepless, ever voracious mosquito."—*Brit. Med. Jour.*

Poisonous Dye Stuffs.

We recently called attention to the poisonous dye stuffs now employed, especially to produce shades of red.

The following note in the *British Medical Journal*, is from Professor Wanklyn, of the London Institution. It indicates clearly enough the source of skin-poisoning in magenta-colored socks.

"It is generally known that some of the old crude magenta cake and liquor which was in the market some few years ago, shortly after the first bringing out of the dye, was largely contaminated with arsenic. But it is not generally known, even to chemists, that much of the beautifully crystallized magenta used to consist of arseniate of roseine, being not, properly speaking, contaminated with arsenic, but actually consisting of an arseniated compound. In the early part of 1863, (assisted by Mr. Robinson, who was my assistant at that time,) I made an examination of the beautifully crystallized magenta which was being manufactured in one of the largest coal-tar color works in Europe, and found it to be arseniate of roseine, apparently chemically pure. The following is a comparison between the calculated

numbers for pure arseniate of roseine and those actually found on making a combustion.

$C_{20}H_{19}N_3$, AsO_3H.

	Theory.		Found.
C_{20}	240	56.47	56.56
H_{20}	20	4.70	4.91
N_3	42		
As	75		
O_3	48		
	425	100.00	

"Both the nitrogen and the arsenic were determined; and though the numbers given were not by any means accurate, were still quite near enough to confirm the formulas, $C_{20}H_{19}N_3$, AsO_3H.

Since 1863, there have been great changes in the mode of purifying magenta; and I hardly think that this pure arseniate of roseine would be found largely to-day. Still it would be rash to assert that this kind of magenta has entirely disappeared from the market. But, be this as it may, there is reason to fear that most of the magenta, and also all those common blues and violets which are made from it, are more or less contaminated with arsenic. To mend the matter, it is not generally known to chemists, but is nevertheless quite true, that the mere detection of arsenic in aniline colors is not always easy—even when large quantities of arsenic are present; the aniline colors having the property of masking the presence of arsenic to a very large extent."

Big Babies.

The Report on Obstetrics of the Illinois State Medical Society contains the following startling statistics:

"The past year has not been remarkably prolific in the number of children born, but some of them were extraordinarily developed. For big babies, Quincy and Bloomington bear off the palm. Dr. M. J. Rœschlaub, of Quincy, reports six male children, whose average weight at birth was 13¼ pounds, the largest one weighing 17½, and the smallest one 12 pounds. Dr. Ballard, of Bloomington, reports one male child of 12 pounds.

"These certainly are extraordinary figures, for which your Committee are unable to account, except upon general principles. It must be conceded that this is a fast age; men and women in this country eat faster, travel faster, work faster, and grow faster than they used to, and why should not babies quicken their speed a little, in order to occupy the place of the little girls and boys of last year, who have become young ladies and young gentlemen of this year? Or, it may be that our Western mothers are only keeping pace with the rapid and extraordinary development in the great West. Our wide-spread and deep-soiled prairies, all must admit, produce larger corn, and more of it, than States further east are capable of doing. No one need now be surprised at anything in the great West, especially at large babies in Illinois; for we can feed, take care of, and raise more of them than any other State of equal population on the globe.

"But, aside from all humor, your reporter has been impressed for some time with the belief that children in this country are larger than statistics show them to be in the various States of Europe; and it is not certain that they are not larger in the Western States of this Union than in those further east.

"The whole number of births reported to your Committee, as having occurred in the State the past year, is 653—a small amount in proportion to the whole number occurring in the State, had they been reported; but small as it is, it has statistical value. Four of these children weighed 12 pounds each, two 14, and one 17½ pounds. These are all larger than any reported by Cazeaux in 3000 labors; four as large, and three larger than any reported by Madame Lachapelle, who superintended the delivery of 4000 at *La Maternité;* three of these larger than any ever witnessed by Professors Meigs or Hodge, whose opportunities for observation were exceedingly ample. The largest child above mentioned, weighing 17½ pounds, was born at the end of four hours' labor, without instrumental or other interference.

The Atlantic Monthly on Lettres de Cachet.

The following, from Dr. Gibbons, editor of the *Pacific Medical and Surgical Journal*, escaped our notice until now. It is worth reproducing:

"The *Atlantic Monthly* has occasionally done good service by the publication of articles tending to popularize medical knowledge. But the May number contains a paper styled, "*A Modern Lettre de Cachet*," the general drift of which is to foster error and prejudice, and to poison the popular mind against all existing institutions for the reception of insane patients. The writer's statements are founded mainly on the case of Hinchman *vs.* Richie *et al.*, which was tried in Philadelphia twenty years ago. We were present at that trial, and we can aver that it is difficult to imagine an account of it more maliciously

false than that given by the writer in the *Atlantic*. Hinchman was confined in the Frankford Asylum as a subject of mental derangement, and after his release, brought an action for damages against the physicians and managers of the asylum and all his relatives who had instigated the measure. His wife, his sister, and even his mother, were involved in the prosecution. The only relative who sided with him was an uncle, who had never been conspicuous as his friend until this opportunity offered to back him up in the suit against his family. The defendants in the case are represented by the writer as conspirators, moved by the design to rob him of his property, and their character blackened to the utmost. We are reminded by the reproduction of this case, of an incident which occurred during the trial, and which may throw some light on the authorship of the article under notice. In the examination of one of the managers of the asylum, the principal attorney for the prosecution elicited an account of the manner in which patients were admitted. It appeared that the certificate of the examining physician was accepted as proof of the propriety of admission. The counsel, who was well known to a large circle of tradesmen as a skilful financier, said to the manager, 'Then you would admit *me* as a lunatic patient, if the doctor's certificate was presented to you?' 'I would,' was the cool reply, 'provided you gave bonds for the payment of your board.' Such an insult might well be remembered twenty years. We are not much surprised at the writing of the article in the *Monthly*. Resentment and malice may account for it; or the pen of an unprincipled hireling may have been employed; or it may have come from some shrewd, half-cured lunatic, such as the escaped patient who raised money by lecturing on phrenology in distant parts, and then returned to the Pennsylvania Hospital for the purpose of shooting Dr. Kirkbride, and who did shoot him—through the hat as it happened luckily. It is not the *writing* of the article that surprises us, but its publication in a magazine of respectable standing. It would be difficult to find among the citizens of Philadelphia, men more honest, more conscientious, and more philanthropic than those whom the conductors of the *Atlantic Monthly* have allowed themselves to defame and vilify. As to the statements made in regard to other cases by the writer of the offensive article, these *may be* true; but they come under the rule which authorizes us to call in question every assertion made by one who stands convicted of falsehood.

Lactation by a Woman Sixty Years Old.

Dr. Wm. A. Gillespie, of Virginia, records in the *Boston Medical and Surgical Journal*, the case of a widow lady, aged about sixty, whose daughter having died, leaving a child two months old, took the child and tried to raise it by feeding. The child's bowels became deranged, and being unable to procure a nurse, and her breasts being large and full, he advised her to apply the child, in hopes milk would come. She followed his advice perseveringly, and to her astonishment, a plentiful secretion of milk was the result, with which she nourished the child, which afterward became strong and healthy.

Spirograph.

We learn from the *Lancet*, that Dr. David C. McVail, of Northumberland, has constructed an instrument which, as he claims, will record the respiratory movements accurately, and can be applied easily to any portion of the chest or abdomen.

Forced Medical Attendance in Prussia.

A petition against forced medical attendance has been presented to the Reichstag. It was signed by two hundred and fifty-nine physicians of Berlin, and subsequently four hundred and forty-six signatures were sent from provincial towns.

Army and Navy News.

Navy News.

List of changes etc., in the Medical Corps of the Navy during the week ending October 31st, 1868.

Surgeon John Rudenstein, ordered to the Naval Hospital, Pensacola, Fla.

Acting Past-Assistant Surgeon N. L. Campbell, detached from the Naval Hospital, Pensacola, and await orders.

Past-Assistant Surgeon G. S. Franklin, detached from Receiving Ship "Ohio," and ordered to the U. S. S. Nipsic.

Past-Assistant Surgeon F. M. Dearborn, detached from the Naval Academy, and ordered to the Rec'g Ship "Ohio," at Boston, Mass.

Past-Assistant Surgeon Geo. H. Cook, ordered to the Naval Academy.

Assistant Surgeon Robt. Redington, resigned.

Assistant Surgeon H. N. Beaumont, promoted to Past-Assistant Surgeon.

Dr. Henry Stewart appointed an Assistant Surgeon.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Bordley—Chamberlaine.—At St. Mark's Chapel, Oct. 22d. by Rev. Richard Whittingham, Dr. Jas. Bordley, Jr., of Queen Anne co., Md., and Henrietta E., youngest daughter of Henry Chamberlaine, of Cecil co., Md.

Coe—Streeter.—Oct. 22, at the residence of the bride's parents, by Rev. J. G. Merrill, Ira E. Coe, M. D., of Mound City, Kansas, and Susan Streeter, of Hulmeville, Bucks county, Pa.

Derby—Mason.—At Trinity Church, Boston, Oct. 15th, by the Right Rev. Bishop Eastburn, Dr. Hasket Derby and Sarah, daughter of the late Rev. Charles Mason, D.D.

Doyle—Morrell.—On Oct. 22d, at St. John's Church, St. Louis, Mo., by Rev. Father Guardet, Dr. Gregory Doyle, of Syracuse, N. Y., and Miss Urania Morrell, of St. Louis.

Fullerton—Miller.—At Greenfield, Ohio, Oct. 22d, 1868, by Rev. G. W. Weeks, Dr. Hugh Stuart Fullerton, of Springfield, and Miss Mary Alice Miller, of Greenfield.

Gould—Ludlow.—Sept. 23, at Trinity Chapel, New York, by Rev. Francis Harrison, E. Sherman Gould, of Bricksburg, N. J., and Arabella Duncan, youngest daughter of Dr. E. G. Ludlow, of New York.

Heard—Gaw.—On the 28th of October, by the Rev. J. H. Drumm, D.D., and the Rev. F. W. Beasley, D.D., J. Theodore Heard, M. D., of Boston, and Miss Rosalie J., daughter of Henry L. Gaw, Esq., of Philadelphia.

Middleton—Plantou.—Oct. 29th, by Rev. G. Strobel, J. Middleton and Josephine C., daughter of the late Dr. G. A. Plantou, all of this city.

Phillips—Ormsby.—Oct, 15th, at St. Mark's Church, East Birmingham Pa., by the Rev. F. H. Hartman, Dr. J. A. Phillips and Kate, daughter of O. H. Ormsby, Esq.

Taplin—Washburne.—In Enfield. N. H., Oct. 7th, by Rev. J. W. Adams, assisted by Rev. Wm, H. Stuart, Dr. Nathaniel P. Taplin, of East Canaan, N. H., and Miss Ellen M. Washburne, of Enfield.

Underhill—Wales.—On Fourth day, Tenth month, 28th, at the residence of Floyd Brown, Purdy's Station, N. Y., according to Friend's ceremony, Stephen Underhill, of Croton Point, and Lizzie L. Wales, daughter of Dr. Lemuel Wales, of the former place.

Vallandigham—Lowber.—On Oct. 21st, by the Rev. James L. Vallandigham, Irving Spence Vallandigham, M.D., of St. George's, Del., and Miss Kate Whiteley, daughter of Alexander Lowber, M.D., of Newark, Del.

Van Deusen—Trotter.—Oct. 26th, by the Right Rev. Bishop Southgate, H. A. Van Deusen, M.D., of Great Barrington, Mass., and Miss M. Louise Trotter, daughter of the late Jonathan Trotter, of New York.

DIED.

Brewer.—Near Southport, Indiana, Oct. 20th, 1868, Dr. A. V. Brewer, in the 43d year of his age.

Gillespie.—Oct. 24th, at Fordham, at the residence of her son-in-law, Oswald Cammann, Susan, relict of the late Dr. John D. Gillespie, in the 83d year of her age.

Hanks.—In New York, Oct. 24, Mrs. Mary Hanks, widow of Dr. A. Hanks, Sen., in the 79th year of her age.

Hardin.—In Meade co., Ky., Mrs. Eliza Hardin, daughter of Dr. Parker Calhoun, wife of Warren Hardin, aged 70 years.

McVickar.—In Milwaukee, Wis., on the 18th inst., Isaphene, wife of Dr. Benjamin McVickar, and daughter of the late Isaac Lawrence, of New York.

Taylor.—Fell asleep in Jesus, in this city, on the evening of the 28th ult., Dr. James Taylor, in the 23d year of his age.

Taylor.—In Hardinsburgh, Breckinridge co., Ky., on the 10th of October, Mrs. Labertha M. Taylor, wife of Dr. J. M. Taylor, and daughter of Hardin Snapps, of Mount Washington, in the 34th year of her age.

Wood.—After a short illness, Oct. 29th, Mabel Harlow, daughter of Dr. H. C. and Eliza L. Wood, aged seven months.

OBITUARY.

W. Bird Herapath, M.D., F.R.S., Bristol.

The death of this distinguished chemist occurred a few days ago, at the age of 48, from disease of the liver. Dr. Herapath was well known in the West of England as an accomplished toxicologist, and his death will be deeply felt. He delivered an address to the British Medical Association, at the annual meeting in Bristol in the year 1863, "On Chemistry in its Relations to Medicine and the Collateral Sciences," which will be well remembered by our readers. He has been a frequent and able contributor to our pages. As a chemist, he is especially known as the author of papers on the Optical and Chemical Characters of Sulphate of Iodo-quinine, and of Iodo-cinchonine. At the meeting of the British Association in Bath, (1864), he read a paper "On the Presence of Indigo in Purulent Discharges;" and he has communicated a considerable number of papers of interest on chemical and toxicological subjects, to different medical and chemical journals.—*Brit. Med. Journal, Oct. 17th.*

ANSWERS TO CORRESPONDENTS.

Dr. J. G. F., of Texas.—"Could you suggest anything for the relief of violent paroxysms of asthma lasting for twelve hours, and coming on at intervals of ten to twelve days throughout the winter? Everything nauseating and emetic has been tried persistently, without relief within twelve hours; it is sometimes spasmodic, and, of course, all the anæsthetics have been used. The treatment by brom. potass., nitro muriatic acid, etc., continued for months throughout the intervals, have all been used in vain. The patient is a lady, twenty years of age, subject, since a very early age, to these paroxysms of asthma, becoming, however, of late severe, and longer, and more frequent." Tobacco, chloroform, coffee, ether, lobelia, stramonium, ring the changes on these, and if they do not avail, send the patient to a foreign climate.

Dr. C. F D., of N. J.—"What shall I do for cramp confined to the plantar muscles leading to the great toe? The patient is a married lady, aged 30, in every respect healthy, not anemic, and not pregnant. The cramps come on many times during the day; provided she has on a shoe, no matter what size, and are only relieved by taking off the shoe. Her agony is intense. I have employed tonics and alteratives internally and externally, but without avail. She has been thus afflicted for some two years, during which time she has had one child, and the cramps were thought to be due to her pregnancy, but her baby is now some ten months old, and yet the cramps are more frequent and more severe than before." We would suggest local counter irritants and anodynes by hypodermic injection. Some of our readers may offer something more efficacious.

METEOROLOGY.

October,	19,	20,	21,	22,	23,	24,	25.
Wind	S. W.	N.	N. E.	N. W.	N.	N. W	S. W.
Weather	Cl'dy.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Clear.	Cl'dy.
Depth Rain			5 10	1-10			
Thermometer.							
Minimum	40°	38°	40°	43°	32°	29°	35°
At 8, A. M.	49	46	47	47	41	34	43
At 12, M.	53	54	49	51	45	48	56
At 3, P. M.	56	53	48	51	44	48	57
Mean	49.50	47.75	46.	48.	40.50	39.75	47.75
Barometer.							
At 12, M.	29.9	30.	29.9	29.8	30.2	30.3	30.

Germantown, Pa. B. J. Leedom.

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T. A. McGRAW, M.D. (Sec'y), Principles and Practice of Surgery and Clinical Surgery.

G. P. ANDREWS, M.D., Principles and Practice of Medicine and Microscopy.

S. P. DUFFIELD, Ph.D., M.D., Chemistry and Toxicology.

C. B GILBERT, M.D., Materia Medica and Therapeutics.

W. H. LATHROP, M.D., Physiology and General Pathology.

J. F. NOYES, M.D., Ophthalmology.

N. W. WEBBER, M.D., General and Descriptive Anatomy.

J. M. BIGELOW, M.D., Medical Botany.

P. P. GILMARTIN, M.D., Adjunct Professor of Obstetrics and Lecturer on Medical Jurisprudence.

H. O. WALKER, M.D., Demonstrator of Anatomy.

THE REGULAR TERM

Will commence on Tuesday, February 2d, and continue until June 5th. The fees for the regular course are as follows: Lecture fees, $50; Matriculation fee, $5; Dissecting Ticket, $5; Hospital Tickets (for one year), $6; Graduation fee, $25.

THE PRELIMINARY TERM

Will begin on Tuesday, November 3 1, and continue until the commencement of the regular term. This course will be principally clinical. A fee of $15 will be charged for this course, but will be credited to the student on the payment of the fees of the regular term.

For further particulars, apply to

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Original Department.

Communications.

THE "CALENTURA," CONGESTIVE FEVER OF NICARAGUA, IN ITS RELATIONS TO YELLOW FEVER.

By B. F. Gibbs, M. D.,
Surgeon U. S. Navy.

The facts connected with this disease were collected while the U. S. S. Ossipee laid at Corinto, Nicaragua, a Pacific port in this state, situated in its western extremity, in latitude 12° 28′ N., and longitude 81° 10′ W. Realejo is the original name for this port, and is so marked on the maps; but for a number of years it has been deserted, except by a few natives who live in reed huts, located among the crumbling ruins of ancient Spanish architecture, which give evidence of former respectability. This latter place is inaccessible to ships, and made purposely so by the Spaniards, so that Corinto, an insignificant village, has taken its place in the commercial world.

Corinto is on the left bank of the estuary, going in, and situated on a low level wooded island, the vegetation coming down to a smooth sandy beach. There is a rise and fall of the tide of about eleven feet. At high water there is a back channel which fills and forms Corinto into an island. At low water this channel is nearly or quite dry, and the smell is noisome and disagreeable in the extreme. Dampier, who visited this place in 1685, refers to this fact regarding Realejo.* There are few unacclimated persons coming to reside at this place, if so fortunate as to survive, who are not called upon to suffer the climatic effects of the intensely poisonous malaria which is so well known here during the rainy season.

A more extended sketch of the medical topography of this part of the state of Nicaragua is perhaps necessary, to enable one to fully understand the favorable conditions that exist for the production of malarious disease.

Corinto is near the mouth of an estuary, which receives the waters from six rivers or small streams, hardly rising to the dignity of rivers, which drain a large area of soil, perhaps equalling any other river in this respect, which empties its waters from the soil of Nicaragua into the Pacific ocean. These streams receive their waters in great part from the Plain of Leon, which is a broad fertile level land, about four hundred feet above the ocean, and is believed to be the best sugar-growing soil in the world. As an evidence of its fertility, the sugar cane is so vigorous, that it is never transplanted in less than twelve years, and will run with care to twenty or twenty-five years! The general course of this plain whereon the city of Leon is situated is from north-west to south-east, and is about 150 miles long, and 20 or 30 miles wide. Much of the land surrounding the city, and in fact the whole plateau, was cleared by the Spaniards 300 years ago, but during the rainy season vegetation is so rank that the soil is more or less covered with succulent plants, such as cactus, aloe, pita, etc. The city itself, from the beginning to the end of the rainy season, which is from May to October inclusive, is beset with malarial fever, and it is said that not less than one-quarter of all the foreigners die who risk the climatic dangers of this state. This was fully illustrated in Walker's expedition in 1856.

Corinto, which may be said to lie at the

* "This is a very sickly place, and I believe hath need of an hospital, for it is seated so nigh the creeks and swamps that it is never free from a noisome smell. The land about it is a strong yellow clay, yet where the town stands seems to be sound." Dampier, vol. i. p. 221.

western extremity of this plain, is about forty miles from Leon. The south-eastern view from the former place, directed toward Leon, includes a range of volcanic mountains on the left, two of them recently in a state of eruption. Elviejo, the highest peak, is first to the left, and they then stretch away, one partly obscuring the other, until the whole presents the appearance of a mighty collonade. This wonderful barrier is the eastern limit of the Plain of Leon, and separates the lakes of Managua and Nicaragua from the Pacific, and preserves a continuous range until lost in the high lands of Costa Rica.

The soil is all volcanic on the Plain of Leon, preserving evidences of disintregation. Between Leon and Granada there is a vast field of lava, which is perfectly barren, extending for twenty miles, and remains to-day as it was rolled out of the side of the mountain, at a time past record; in its semi-fluid or plastic condition, furrowed, billowed, and inflated, as if lifted by the rarified air beneath, as it rolled along. Finally, at rest it defies the efforts of this most vigorous vegetation in the world, for half the year, to nourish its germ upon its stony bed.

From Corinto to Leon, nine miles, is made in the boat following one of these small streams, and the remainder of the distance on horseback. The dense vegetation bordering these streams is overflowed at high water in every direction, covering at least a hundred square miles. The roots of the trees do not unite, until several feet from the mud where they grow, and form the trunk of the tree, so that only roots are seen within ten or fifteen feet of the earth. The road to Leon winds through the broad level forest which is watered by but one small stream in the dry season. There are but two points on the road to Leon, where the land has been cleared for sugar-planting, although this low land is most wonderfully productive. Large timber abounds here, but the undergrowth is thin and abounds in insect life, beside the usual tropical birds and beasts.

From November to April the road to Leon is so dry, that the clouds of dust cover the trees in every direction, and the fine dust in the road is several inches deep. Fires at this season often consume the vegetation on thousands of acres, and is a serious drawback to extensive agriculture. All this is of course reversed in the rainy season, so that a horse has at times almost to wallow in the mud and water. The soil is black vegetable mould, mixed with volcanic powder, which falls in places every few years, and covers the soil and houses to an appreciable thickness. This dust fills the air during great volcanic eruptions to such an extent that respiration is difficult, and breathing is carried on through a sponge or cloth saturated with water.

During the dry season particularly, the waters of Corinto are singularly deficient in phosphorescence, which is uncommon in these equatorial latitudes. Whenever it exists, as it usually does, even where the tide water freshens at the ebb, it seems to have a purifying tendency, probably by ozoning the superincumbent atmosphere. This phosphorescent character of the water is wonderfully marked on the Pacific coast, as far north as Vancouver, and we might count this as an ozoning element, producing the well known vigor of vegetable and animal life on the Pacific slope. There are no winds at this part of Nicaragua during the dry season, except those which come from off the land. The high winds from the ocean being absent, we have no daily development of ozone from their rapid movement; from that arising from the spray of the surf, we are not benefited, as its influence does not have cause to spread far from its point of origin. We have, however, during the dry season in our favor, the fact, that life is imperilled but little from malaria, which at this period seems to be reduced to its minimum.

The period of greatest danger at Corinto seems to exist at the close of one season, and the beginning of another. The land breezes will continue to blow after the rainy season has commenced, and during this period alternate with the sea breezes irregularly. Violent gusts of wind and severe thunder and lightning are common during the rainy season, and this, in common with other ozonizing influences, the neighborhood may owe its partial

relief from pestilence during this part of the year which they call their winter.

There is a certain element of disease in the great increase of the amount of water coming down the various streams, which causes the ebb tide to freshen much sooner than during the dry season, affording in this way more suitable conditions for the development of malaria over the vast extent of country, which is watered and flooded by these streams.

The water obtained from the island of Corinto in the dry season, as a general rule, is is brackish. Being thus impure, it may be considered better than that obtained from the tributaries of the sluggish streams above, during this season, when it is reasonable to suppose that a large amount of vegetable, capable of becoming morbid matter, is held in solution in a temperature of not less than 90° Fah., and often rising to 95° and 100°. Sir E. BELCHER says: "I have great objection to water infiltrated through marine sand and decayed vegetable matter, and consider the chances of sickness one step removed by obtaining it from a running stream." This would be true were the "running stream" large enough to sufficiently dilute any half diluted poison holding such vital enmity with the blood. We have here the burning suns of the dry season to generate malaria, where there is insufficient water to dissolve it. In the agricultural districts of our own country, they do not hesitate to drink the water from small streams supplied from alluvial soil during the winter and first spring months, but they well know the febrile results of using this water during the heated months of the year.

There are other meterological points and soil characteristics regarding the island of Corinto, but enough has been written to convey an idea of the surroundings of our anchorage.

After visiting this place the first time, 5th May 1868, we left and turned from the southward, anchoring higher up the main stream than usual on the 23d May. At this period the thermometer stood at not less than 95° Fah. day and night, and the heat was oppressive. Not knowing the exact topography of the place at this time, we were unfortunate in selecting this anchorage. It proved to be exactly in line with the back channel before referred to, and the sea breezes carried the malaria the whole length of this marsh directly over the ship.

In consequence of this fact fever occcurred. I immediately had the ship moved about a mile down the river, so that at the sharp bend in the river, the sea breezes struck us directly from the sea. Before this was done, however, the whole crew had become affected by the poison. Our delay in leaving the place altogether was caused by a contingency in regard to our mission, which placed us in daily expectation.

Upon the appearance of the fever we were somewhat alarmed, lest some stores received from Panama may have caused the disease; but these stores were all white-washed barrels of beef, pork and beans, and no clothing of any description.*

The month of May, the usual period for the beginning of the rainy season throughout Nicaragua, brought us news of a most violent form of "Calentura" prevailing in the most populous part of the State. About six hundred people died, as far as could be estimated, native and foreign, from Corinto to Lake Nicaragua. The epidemic was particularly severe along the main road from Leon to Granada. Those who had read perhaps of the yellow fever, or knew its more general character, pronounced this disease unhesitatingly to be identical with it. But, as I was enabled to ascertain, there were only a few of the distinguishing symptoms of yellow fever, and in these we include the tendency to death. Black vomit, the almost pathognomonic symptom of yellow fever, never occurred; there was, however, in the collapse, the development of hæmorrhage from the lungs and stomach, as well as the fissures in the tongue. The latter presented the usual blackened and crusted condition which is observed in low forms of fever. The towel was stained with blood upon attempting to wipe this off. The disease, in

* The ship was perfectly clean throughout, and what was unusual for steamers, I never observed bilge water to any extent.

fatal cases, extended over about the same number of days that we find in yellow fever. The final collapse took place, in one case, on the fourteenth day. One serious evil, which caused such mortality among the natives, was their extreme poverty and inability to obtain quinia, as well as medical attendance, however indifferent.

The above information I obtained from Assistant Surgeon John McD. Rice. With three other officers, he made a journey to Granada and back, a distance of three hundred miles. This was in June, and upon the occasion of an exchange of treaties between the United States and Nicaragua, and at the time when the pestilence was most vigorous. Three of these officers were taken down with the fever. Two were very ill, and the third, Dr. Rice, died after an illness of five days. Upon the Doctor's review of what he saw of the fever during his absence, he believed that death was caused, in a fatal case occurring on board after his return, by the same terrible disease that prevailed in the course of his journey. A man, whom the Doctor saw at Granada, was apparently convalescent, and sitting in the door-way the evening before his death.

The history of this disease would be incomplete without some reference to the peculiar nature of the bromatography of Corinto.

Like all mid-tropical latitudes, the beef cattle are small and lean. The flesh is tough and dry, and soon becomes distasteful. At the end of the dry season the fruit is scarce and poor. Oranges unfit to eat. Mangoes passable. Alligator pears (*Laurus persea*), as is well known, contain a pulp which is a rich, yellow, oleo-starchy substance, rather insipid, but very abundant and cheap. The men ate freely of the latter. The yucca, or yam, (*Dioscorea alata*,) was very ligneous, and although rich in starch (25 per cent.), was tasteless. Irish potatoes very scarce, and all imported. We regarded the alligator pear, composing, as it did, the main part of our fresh vegetable food, as exceedingly constipating in its tendency. It is devoid of ligneous or fecal matter, and during its consumption the expenditure of cathartic medicine was enormous, exhausting the supplies within a month. This condition of the bowels remained, and was overcome with the greatest difficulty. I am of the opinion now, however, that at this time, the gradual intervention of malarial poison aided the obstinacy of this pathological condition in no small degree.

The Ossipee left Corinta, July 7, 1868, about two weeks after the first case of fever made its appearance, for the passage north, with several cases of what was evidently, and its subsequent history proved to be, a violently congestive malarious fever, sometimes remittent; resembling in many cases the pernicious of Dr. Wood; called calentura in Nicaragua and Central America.*

There was one peculiar condition preceding this disease which could not have been a coincidence, and is worthy of note. During the month before the outbreak of the fever, scarcely a man in the ship escaped some eruption of the skin, or some form of adenitis. The axillary and inguinal glands were constantly affected. The ordinary lichen tropicus, boils, and abscesses almost disabled our crew. The report of sick for the second quarter, ending June 30, showed some forty cases which had been under treatment. The eruptions upon the skin ceased the moment the fever made its appearance! Every physician knows that asthenia will yield to quinine when all other remedies fail. Reasoning from this, can it not be considered a therapeutical inference that malaria will produce lichen tropicus, urticaria, and adenitis in its various forms?

There were symptoms peculiar to the earlier cases, I believe, not usually seen. The patient did not complain of any chill upon the invasion. Notwithstanding this, the body was below the normal temperature. This condition did not relax, in some cases, in the evening or at night; still the head became hot, and brain disordered. There was always delirium and increased tendency to collapse, if at all, at night; and within the three first

* Calentura is an indefinite term, at best; for in these States they call the influenza a calentura. (See "Statistical Report" of the Health of the British Navy, 1 63. page 138.) Its signification, warmth, and fever, causes it to be applied to any disease where these pathological conditions are found.

days of the fever. Night and day nausea and vomiting was predominant. There did not seem to be a single case in the first thirty where a well developed fever occurred. Even in the slight febrile action exhibited by the brain symptoms, the pulse was small and feeble, and did not exceed eighty a minute, and often less than sixty. In two of the ten fatal cases which occurred in above sixty who were in hammocks, and as many more who were complaining, there seemed to be, in the evening before the night when the disease terminated, one grand effort of nature to overcome the inevitable tendency. The skin warmed, the pulse rose, and there was a slight excretion from the skin. The patient seemed to sleep; it was probably the comatose sleep of congestion, and in a few hours death ended the scene.

I am unable to give the natural history of this disease, a term deservedly popular in the profession at the present day, on account of its accuracy of purpose, because quinia became such an important, and almost the only resort to save life, that it is impossible to say what would have occurred, symptomatically speaking, beside death in severe cases had not decided measures been adopted. I will give hereafter typical cases illustrative of the disease under treatment I am fully satisfied that large doses of quinia, ranging from thirty to one hundred and twenty grains, in divided doses, as more time was allowed for its administration, prevented the fatal collapse, and, in every case, arrested it, when there was sufficient time for preparation. In many cases, the congestion of the abdominal viscera was so great as to prevent the absorption of remedies. Neither cinchonism nor ptyalism was produced in any of the fatal cases, and the liver did not secrete the proper discharge upon exhibition of calomel in large doses. In one case of approaching fatal collapse, I injected hypodermically, quinia sulph., gr. xx., beneath the skin. The pulse rose, and skin and extremities warmed within ten minutes, and the life of the patient was probably prolonged three days. The plan was adopted as a dernier resort, and might have been more successful earlier. I tried, during the hours that death was evidently delayed, to effect ptyalism, but remedies were not absorbed. All cases in which the gums were touched, recovered. Of course, this was only attempted in those cases attended by grave symptoms.

Sometimes this condition of collapse lasted four days continuously. During this time the mind wandered in delirium, language incoherent, with exceptional lucid intervals, eyes injected or yellow, delirium at times violent, so that in one instance the patient leaped from his cot, in order to escape avenging pursuers, who threatened his life. This violent mania was a fatal symptom in every case.

The pyrexial tendency, in later cases, was exhibited in the afternoon and evening. In every instance, in such cases, the exact effect was obtained from medicines which was expected and desired. These cases presented more of the remittent type, less congestion of the brain, but still a small pulse, and temperature of the body below 97°. The sedative effect of saline cathartics in this disease forbid their use. External stimulation followed the administration of colocynth, and calomel was the only means, in a few cases, of producing a discharge from the liver, and general secretion. As the patient convalesced, this discharge assumed a more healthy color, but the only fecal evacuation considered as satisfactory proof of a favorable turn of the disease, was black and tarry, and this was the true liver discharge. This symptom, every physician knows, in all malignant malarious fevers, is hailed as a pledge of recovery A condition of extreme debility remains, which requires constant and unstinted stimulation.

The continuous condition of collapse overcame any reaction toward the development of fever, and seemed to be caused by a complete malarial saturation. In the fatal cases, I have only to regret that they did not present themselves immediately for treatment, so that the decided effect of calomel might have been obtained. I believe the lives of three men might have been saved. The delay was caused by the patient believing himself able to resist what he imagined was only a temporary discomfort arising from disordered digestion.

Thus the most valuable time was lost through this insidious approach of the disease. Violent congestion of the vital organs followed within forty-eight hours.

Subsequent cases, as before remarked, from a more severe type, became open remittent fever, and required the ordinary treatment. These cases were developed as we advanced north, and continued to appear until we reached San Francisco. The winds were encountered going north, which usually prevail on the Pacific coast of the United States, blowing from the north and west. These proved a strong tonic for the convalescent, but their ozonizing influence induced febrile action in those whose blood yet held the uneliminated malarial poison.*

In the development of the latter cases I found their courses shorter and more acute. This fact explains why it is that the Pacific Mail Steamship Company's vessels, bringing passengers to California by way of Panama, never carry the yellow fever far up the coast. The patients all die or recover before reaching San Francisco. The neighboring latitudes of the latter city seem to be so largely supplied with ozone as to kill the poison of the fever. Cold will always develope malarial poison; but cold, unassisted by an ozonized atmosphere, will not destroy it, so far as I have observed.

[To be continued.]

* For preparing ozone test-paper, such as I used in experiments on the coast of California in August and September, I used the following:

Saturate five ounces of a solution of thin starch with iodide of potassium. To do this, it will require about three ounces of the iodide. Add five drachms of prepared chalk, which is used to prevent an acidification of the starch. Small strips of common white filtering paper are then dipped into the solution, and exposed to the air.

Light seems to have little effect upon it, as during the exposure, if two pieces of the paper be allowed to adhere, it will remain unaffected, whereas the light has been scarcely excluded at all by the thin white paper.

A piece of this paper, exposed to a fresh breeze at Monterey, was fully discolored in thirty minutes, assuming a reddish violet tinge, with the thermometer at 62° Fahr. At the end of one minute, the change to a delicate pink was assumed. On board ship, in the same way, a number of strips lay on a board in my state-room *all night*, and were affected only to a slight pink discoloration on different parts of the slips. The paper, moistened by sea water, is not at all affected, and I consider these papers the most delicate ozonic test with which I am acquainted. The ozone converts the potassium into potash, and at once the iodine combines with the starch, producing a characteristic color in presence of potash.

The high winds on the coast of California certainly produce this change most rapidly, and it may be considered here, or elsewhere in the world, a fair index of the sanitary capacity of a building, ship, or locality.

ON THE METHOD OF DEALING WITH SHORT AND THICK PEDICLES IN THE OVARIAN OPERATION.

By Benj. B. Wilson, M. D.,
Of Philadelphia.

It seems to have been agreed upon with entire unanimity by those who have had experience in ovariotomy, that the extra-peritoneal or clamp method of disposing of the pedicle is by far the preferable mode in the great majority of cases. It is, however, held that a short and fleshy pedicle contra-indicates its application; and, in fact, cases not unfrequently occur in which no pedicle scarcely can be said to exist; the cystic mass being apparently joined immediately to the uterus by broad, dense, and massive fibrous structure, and here using the clamp has appeared almost impossible.

But though many intraperitoneal plans of treating the pedicle have been resorted to, none have practically proved to be unexceptionable. Neither the ecraesur nor the actual cautery are entirely reliable against the occurrence of hemorrhage, and hence their use can never become established procedures. Tying with the double ligature, and bringing the ends out of the abdominal cavity, subjects the patient to many risks, and allows at best but a prostrated recovery. While dropping the stump into the abdominal cavity with the ligatures cut short, whether they be of silver wire or silk, (a plan of late much resorted to) has been followed so frequently by unfortunate results in various ways, as must ultimately lead to its entire abandonment. Silver wire must, in the great majority of instances, in the peritoneal cavity, prove a mechanical irritation. That it is so, the results of cases prove; abscesses having formed and proved fatal, although the wire had become sacculated, and the constricted stump had regained its vitality. So inflammatory action and abscess may follow the use of the silk ligature,

before sufficient time has elapsed for its disintegration and absorption.

But the greatest danger, as it has always appeared to me, from the return of these constricted stumps to the peritoneal cavity and the then hermetical closure of that cavity, is from septicœmia; and the more massive the pedicle, the greater will be this danger. There must be under such circumstances a large pouring out of serous, or sanguinole-serous effusion, and this retained in the peritoneum soon initiates septic changes, which result in blood-poisoning, and this whether the ligature be silk or wire. An external drain for the fluids under such circumstances, no matter how obtained, is a safety salve; and the thicker the pedicle cœteris paribus, the greater the necessity for it.

These considerations led me in a recent operation, in which the attachment to the uterus was found to be very much thickened and extremely short, still to apply the clamp. The instrument, (four inches long, and one and a half inches in length of screw,) could barely be made to encircle the mass. It was applied within three quarters of an inch of the body of the uterus; and of course necessitated much traction and elevation of that organ, and depression of the abdominal walls, before the instrument could be fixed externally. No pain or other distress followed this elevation of the uterus or strain upon its ligaments. On the removal of the clamp on the sixth day, the pedicle measureably subsided, carrying with it the adherent tissues of the abdomen, causing a deep groove or sulcus which has since to a degree become filled up by granulations. The case, though unpromising on account of visceral adhesions, did well almost from the first.

Mr. Spencer Wells, while paying a glowing tribute to the value of the clamp, still restricts its use to long pedicles, where no drag upon it would be necessary. "But," says he, "where we have a broad, thick, short pedicle, we want something better than the clamp." This something better, however, is yet to be found, and it remains to be seen whether any better procedure can be instituted. Dr. Atlee uses the clamp, I believe, habitually, and to all kinds of cases; and does not hesitate to drag upon the uterus strongly, when such a procedure is necessary.

I cannot resist the belief that such a pedicle as above described, could scarcely under any circumstances, have been returned to the abdomen with safety to the patient. Septicœmia must have followed, with every probability of an unfavorable result. On the other hand, the applicability of the clamp to those cases heretofore considered least suited to it, is already demonstrated; as no case is likely to occur in which the application would be more difficult for the operator, or involve more inconvenience or risk to the patient.

Hospital Reports.

Jefferson Medical College,
Philad., Sept. 12th, 1868.

Surgical Clinic of S. W. Gross, M. D.

Reported by Dr. Napheys.

Circumscribed Peritonitis from Attempts at the Taxis.

H. S., æt. 28, a baker. This man is sent to the clinic from Washington City, on account of a tumor seated within the walls of the abdomen, in the diagnosis of which there is some obscurity. It forms a large, circumscribed, prominent swelling, which completely fills the right inguinal region, extends up at least two inches into the right loin, encroaches upon the right lower angle of the umbilical region, and the right upper third of the hypogastrium.

In order to facilitate the examination, and relax as much as possible the abdominal walls, the patient was placed recumbent upon his back, with his shoulders raised, and the lower extremities flexed upon the pelvis. The entire mass is extremely tender upon manipulation; has a smooth, regular outline, and is apparently fixed, not moving about when the man changes his position. Its consistence is not the same at all points; here and there, there is evident softness and fluctuation. Over the great mass of the tumor there is percussion dulness, but at one spot there is distinct resonance, which points to the presence of a portion of the gut. Not only is there tenderness on handling the mass, but the passage of flatus or fecal matter occasions suffering. Progression is also attended with pain, causing him to lean forward to remove the pres-

sure of the abdominal muscles. The integuments are preternaturally hot, but there is no discoloration, nor are the superficial veins enlarged.

Ten months ago, when employed as a baker at Cape May, S. strained himself in lifting a barrel of flour of about two hundred pounds weight. Five months subsequently, he accidentally noticed an oblong tumor above Poupart's ligament, which, in six weeks, had increased in size, although he is unable to describe the sensation which it imparted to the touch. One month ago he was attacked with sudden acute pain at the seat of this tumor at night, having, a few hours previously, experienced difficulty in evacuating his bowels. A surgeon was at once sent for, who told him he had a rupture, and asked why he had neglected himself. Two protracted efforts were made to reduce the protrusion without the employment of an anæsthetic agent, which was effected upon a third trial under chloroform. The patient was very sick for the ensuing forty-eight hours, and he occasionally vomited. At the end of this time, he perceived the large, tender swelling, which extended from the right inguinal region, over the hypogastrium, into the left inguinal region. The tenderness was so great that he was unable to bear the pressure of the bed-clothes. His bladder had to be evacuated by the catheter.

Now, to what do these facts in the history of the case point? Under the influence of lifting a heavy weight, a hernia, or protrusion of a portion of the small intestine, probably the ileum, took place at the internal abdominal ring. This increased so insensibly that it occasioned no inconvenience, nor was it until after the lapse of five months, that the man became aware of its presence. Six weeks later, he noticed that it had increased in size, and was making its way downward toward the scrotum, but it gave him no annoyance until one month ago, when symptoms of strangulation set in, as indicated by difficulty in evacuating his bowels, and, some hours subsequently, excessive pain at the seat of the tumor. The hernia was of comparatively recent formation, and of small size, and it is just such cases that are more liable to strangulation than old ones. The physician who was called in, recognized the nature of the trouble, but instead of administering chloroform at once, he made two attempts to reduce the tumor by the taxis, and only succeeded at the third attempt, when chloroform was exhibited. Under these violent, protracted, and forcible efforts, the hernia was injuriously compressed, the delicate tissues of the gut were bruised, or it may be the manipulation destroyed in part the vitality of the tube. Without being able to estimate precisely the amount of injury inflicted on the bowel, it is very certain peritonitis was awakened. Lymph and serum were rapidly effused, and to such an extent that, at the expiration of forty-eight hours, the man noticed large and very painful swellings in both inguinal regions, as well as at the hypogastrium. The fold of the peritoneum covering the bladder was also involved in the morbid action, as shown by the inability to pass his urine, which had to be drawn off by an instrument. Nausea and vomiting were also prominent features after the hernia was said to have been reduced. All these phenomena can only be accounted for by the supposition that both the visceral and parietal layers of the peritoneum were the seat of acute inflammation, giving rise to a circumscribed peritonitis, the products of which have formed this large swelling.

The correctness of the diagnosis is, moreover, verified by the great tenderness experienced wherever the mass is handled, and by the positive pain felt whenever the bowels are moved, or during the passage of flatus. This suffering is due to pressure acting from within, through the distension of the bowel, and, as a consequence, of its peritoneal investment.

It is possible for such a tumor to arise from malignant disease of the iliac lymphatic glands. It is the seat of preternatural heat, which is always present in encephaloid growths, because of the activity of their circulation. The mass is of large size, and has only existed for four or five weeks. Its growth has been very rapid, which is also a characteristic feature of soft cancer. But the bulk is too great, and the growth too rapid even for encephaloid. Then, too, enlargement of the subcutaneous veins is wanting, and this is a very important element in the diagnosis against cancer. The surface of the tumor is smooth, and of a regular outline, whereas, if encephaloid, it should be distinctly lobulated. The pain, moreover, is not of the character found in soft carcinoma, and the history of the case excludes malignant disease of the iliac glands. Cancer of the cæcum, which occurs in this region, is very uncommon, and being of the hard variety, could never attain so large a size.

This is not an abscess, nor is there any evidence of the formation of a fecal or stercoraceous abscess. There have been no rigors, nor fever, nor general constitutional involvement. The patient has lost flesh; the strength is impaired; the pulse is 98; the appetite is not good; the

evacuations are not regular; and he has a pale, sallow look. But these are clinical features attending a subacute or chronic peritonitis. There is no œdema of the integuments, which there should be, if pus were making its way toward the surface through the firmly resisting walls of the abdomen, nor is there any blush or redness of the skin.

Whether this tumor will eventuate in the formation of pus, is a question which can only be solved by time. At present, the case must be regarded as one of protective peritonitis, for when peritonitis is local and circumscribed, it may be laid down as a maxim, that it is indicative of injury of the part covered by the membrane. Such cases differ from general idiopathic peritonitis, in that their tendency is not to a rapidly fatal termination. It is possible that the injury inflicted upon the gut by the badly-directed efforts at the taxis, may have terminated in limited gangrene, perforation, and, as a consequence, extravasation of the contents of the gut. If this has been the order of affairs, the tumor is a wise provision on the part of nature to guard against accident, the extravasation having been localized by peritoneal adhesions, through which it is prevented from being effused into the general peritoneal cavity. Lymph is thrown out here to circumscribe morbid action, just as often happens in perforation of the glands of Peyer in typhoid fever, in ulcer of the stomach, or in abscess of the liver, in all of which the contiguous layers of the peritoneum become firmly glued together by fibrinous material, thereby preventing the contents of the gut, the stomach, or the pus from being effused into the peritoneal cavity. At all events, the case will be closely watched, and its progress carefully noted.

In the way of treatment, the man will take three grains of sulphate of quinine every eight hours; and his diet will be plain but nutritious, with a view of keeping up his strength. Locally, to relieve pain, a sufficient number of foreign leeches will be applied, to extract ten ounces of blood; after which the parts will be fomented with a warm and strong solution of acetate of lead and opium. He was also directed opium internally, to relieve pain and control morbid action; the amount administered being guided by the pulse, which should be reduced at least twenty beats a minute.

—— Dr. L. Waldenburg, formerly editor of the *Med Central Zeitung*, is now editor of the *Berliner Klinische Wochenschrift.*

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject: Cholera Infantum.

Reported by J. W. P. Bates, M. D.

Dr. Williams. The pathology of this disease is uncertain and obscure, and not laid down with clearness in any of the books. Some say that the condition very much resembles that seen in Asiatic cholera. It is also difficult to decide concerning the real cause and seat of this dangerous disease. My own individual opinion is that its seat is in the nervous system, and I have seen fit to act on this theory in the treatment, and have met with marked success. By placing the seat in the nervous system, we can explain some of the symptoms which otherwise are difficult of explanation. Occurring probably from the combined action of heat, dentition, improper food, etc.; nervous perturbation and prostration are produced, and these act on the alimentary canal, producing indigestion and relaxation of the muscular fibres of the bowels which admits of the undue exosmotic action known as serous diarrhœa. I have seen fit to act on this theory for the last six or eight years, and have seen no cause to regret it. The condition of the brain in these cases is not that of inflammation, except under peculiar circumstances. The blood-vessels, from their relaxed condition, may give out serum, and produce effusion, coma and death. In cases of extreme nervous prostration in adults we see this same serous effusion.

Dr. Chas. H. Jones. I know of no disease peculiar to childhood deserving of more thoughtful consideration and study than this, yet it has failed, in medical works, to receive the attention it merits. It is almost unknown in Europe, and when it does occur, it is classed as a gastro-intestinal irritation, follicular enteritis, cholerine fever of infants, etc. Dr. Horner, of our own country, was the first to point out its true nature, and he showed that it closely resembled the follicular enteritis described by Billard in his work on children. It can be best defined by an enumeration of its most characteristic symptoms, as obstinate vomiting and purging with distinct febrile irritation, rapid emaciation, and, in unfavorable cases, violent cerebral symptoms. The predisposing causes are heat, bad ventilation, impure air, unwholesome food, age and dentition. Want of proper ventilation with a high temperature, are the most prominent causes. The pathology depends upon the severity of the case

and the stage at which death takes place. Dr. Condie states that the only change found in a number of cases, was paleness of the gastro-intestinal membrane with more or less hepatic congestion. Dr. Hallowell found undue development of the follicles of the stomach and intestines. Dr. Horner, in a number of cases, found the mucous follicles enlarged and ulcerated both in the large and small intestines, and the gastro-intestinal mucous membrane so softened as to be easily scraped off by the finger. He also found pus in considerable quantities in the colon; the liver was enlarged and congested, the gall bladder distended with a dark green liquid. In the substance of the brain, numerous red spots were found, the pia mater was injected and its veins much distended, and, in some cases, there was serous effusion into the sub-arachnoid tissue and lateral ventricles. Those who had died with coma or convulsions had, in addition to the above, softening of the brain tissue. Dr. Hallowell says these changes were not due to inflammation of the brain. We will let the symptoms and morbid anatomy answer the question, what is the seat and nature of the disease?

It has been maintained by some, for whose opinions I have a very high regard, that the nature and origin of the disease is found in the nervous system. In support of the theory they refer to the occurrence of the disease during the period of dentition, and the cerebral symptoms, such as coma and convulsions, which precede death. With reference to the value of dentition in support of this theory, Drs. Condie and Emerson have shown that dentition is *less* influential in producing the disease than age. They have shown that the disease is twice as fatal in the first year as in the second, and yet the process of dentition is certainly more active in the second. This is in keeping with my own experience.

Dentition is purely a physiological process, and not a disease. It is simply one of the many predisposing causes of cholera infantum. The occurrence of the disease during dentition aggravates it and increases the gravity of the prognosis, but the same may be said with reference to scarlet fever or measles. Cholera infantum is a disease peculiar to warm climates and hot weather, (heat being the most direct exciting cause) whilst dentition seeks no climate nor season, but is present in cold as well as hot weather, so that if dentition were a necessary condition, we would look for as many cases in January or February, as in July or August.

With reference to the cerebral symptoms, such as convulsions, etc., they no more prove the seat of the disease to be in the nervous system than would the loss of consciousness in simple vertigo or complete attacks of epilepsy show a disease of the brain. Brown Sequard says that these conditions do not depend upon a disease of the brain, but upon a contraction of the blood-vessels of the cerebral lobes, contractions due to some irritation of the vaso-motor nerves, either by some direct cause irritating them in the base of the brain, or in the spinal cord, or by reflex influence. In those cases in which convulsions occur, the brain is in an anæmic condition, and its functions paralyzed. Flint says this is the result of exhaustion produced by the abdominal affection. So if cholera infantum were purely a nervous disease, we would expect it to be ushered in by the nervous symptoms.

There are certain conditions or predispositions of the brain, which an attack of cholera infantum would develope, viz., tubercular meningitis and hydrocephalus. In such cases the child would die from the pre-existing condition of the brain.

The respiratory organs may become affected, and you may have bronchitis or pneumonia occurring as secondary or accidental complications.

I admit that the nervous system is often affected in cholera infantum, (thus rendering our prognosis of a more grave or serious character) but that it is the seat and origen theory, I am disposed to question. The symptoms ascribed to the nervous system are of no more importance in cholera infantum than they would be in scarlet fever, measles, or any of the numerous forms of indigestion, and their presence would no more prove the seat of the disease to be in the nervous system than would a sympathetic bubo from a corn on the foot, tend to show that the corn was a constitutional disease, and the bubo the local evidence. Sound theory should be founded on inferences drawn from abstract principles which have been established by evidences tending to explain a particular class of phenomena. "Medicine," says Brousais, "is enriched only by facts," and the facts as shown by the symptoms and anatomy are that cholera infantum is a gastro-intestinal catarrh, (infantile cholera as described by Trousseau) the nature of which is irritation, afterwards inflammation and ulceration, located in the mucous follicles of the gastro intestinal canal; all of this without necessarily involving the nervous system.

I have only a few remarks to make in reference to the treatment. In ordinary cases vomiting is the first and worst symptom. This I control by calomel and small doses of chloroform in milk.

Then I give tr. catechu and paregoric in chalk mixture to check the discharges. In a few days I omit the calomel and give the citrate of bismuth, aromatic spts. ammon., and paregoric. I I use warm baths, mustard plasters, tonics and stimulants whenever called for by the symptoms. I prefer the citrate of bismuth on account of its solubility, and a smaller dose being required.

Dr. Williams. My views are not shaken by the remarks of Dr. Jones. I think that we are somewhat justified in the view I take in regard to the real cause of cholera infantum, viz., that it is due, to a great extent, to heat and exhaustion acting on the nervous system. To say that it is due to age rather than to dentition, begs the question, and more ought to die in the first, instead of the second year, while the majority die in the second, unless teething commences in the first. That the exhaustion of heat and dentition produces such effects as I ascribe to it, is not unreasonable, if we look at the severe nervous exhaustion, wounds, neuralgia, etc., produce in the adult, and, of course, it would require a much smaller degree of irritation to make a strong impression on the sensitive nervous system of a child. This nervous exhaustion leads to a form of indigestion, which, in its turn, reacts on the nervous system and aggravates the disease. Follicular enteritis is not the essential condition. The mucous membrane is not red, as in inflammation, but pale. If the cause continues to act, the muscular fibres of the bowels become debilitated, and a species of paresis and relaxation results; and, therefore, exosmotic action goes on more rapidly, and leads to this pallid condition, as in Asiatic cholera. In all inflammatory diseases of the bowels, the mucous membrane is congested. Such being the fact, that this disease results from heat, indigestion, and paresis, this explains the vomiting, diarrhœa, and effusion into the membranes of the brain. If it results from nervous exhaustion, its effects would be first manifested in the bowels. We all know the effect a severe shock has upon the digestive system. The treatment I have based upon this theory has proved most successful in my hands. I use a combination of tonics and astringents. The astringents are not curative in themselves, but they put the system into a more favorable condition by checking this exhausting diarrhœa. Then I use some nervous tonic, of which quinine is the best. I have cured many patients with no other remedy. It has a threefold effect: puts the nervous system in a proper condition, strengthens digestion, and prevents the paresis. I also use anodynes when necessary, but am cautious not to push the opiate too far, for children bear it very badly.

Dr. Arnold. In the absence of any satisfactory explanation of the nature and essence of cholera infantum, we are perfectly justified in forming hypotheses. It is well known that this disease makes its appearance in the Middle, Southern, and some of the Western States. If heat, dentition, etc., are the causes producing it, it is strange it does not appear in other portions of the world, as on the coast of the Mediterranean. I have been under the impression that it is dependent upon some endemic influence, as it only appears in certain latitudes, during certain seasons of the year, and under certain conditions. I will admit that the heat has some effect, for cool weather produces a favorable change even in our worst cases. Acute cholera infantum corroborates this endemic view. A strong, healthy child is struck down suddenly, and the symptoms have a strong resemblance to those produced by some of the mineral poisons, and it is not to be presumed that enlarged liver or follicular tuberitis have developed themselves so suddenly. In chronic cases the poison is introduced in smaller doses. Acute cases are always followed by a chronic stage. It is an error to attribute it to dentition; it may predispose or add to the gravity, but it is not the real cause. In summer I do not neglect the most trifling diarrhœa, but check it as soon as possible, regardless of consequences. One thing remarkable is that a number of its symptoms and pathological appearances resemble Asiatic cholera, but this very rarely attacks children. One symptom of chronic cholera infantum ought to put us on the right track in regard to the treatment, viz., the dry, dirty-colored skin. I use warm baths or packing, and repeat them frequently until some softness and moisture of the skin is produced. My main reliance is upon bismuth. In July and August of 1867, I took notes of 63 cases, in which obstinate diarrhœa was a symptom. Of these, 41 were females, and 22 males, and two-thirds were at the breast, so that whether weaned or nursing does not seem to make much difference. When there is emaciation, I give tonics, and among these I class mint juleps and whisky. I give tr. nucis vom., tr. columbæ, and ferri citrat. I can learn nothing from the pulse in these cases. I judge of the amount of fever by the heat of the forehead and abdomen. The discharges teach me but little. When there is a sunken, flat abdomen, I usually expect and find brain symptoms follow. Another important sign is decrease of the urinary secretion, and you

will often have symptoms of uræmic intoxication.

Dr. Erich. Although Dr. Arnold's statistics seem to prove that nursing children are more liable to this disease than those who are not nursing, yet such is not the generally received opinion. One reason why they are attacked in the second summer is on account of the change in the food. Heat is an exciting cause, and if we can keep the child cool, it will be more likely to escape. In regard to the administration of quinine, I have used it with good effects, but it is a very hard dose for a child to take. I now use the tannate, which is almost tasteless. Two and a half grains of the tannate are equal to one grain of the sulphate, and this fact has to be remembered in its administration.

Dr. Stein. It should also be remembered that it is completely decomposed by the vegetable acids, and, therefore, it will not do to administer it with fruit or preserves.

Dr. Arnold. It must not be understood that it was my fault that more cases occurred among the unweaned than the weaned, but such really was the fact. The experience of a physician in private practice is usually worthless, because he takes no notes of his cases, but of these I kept notes carefully. It may be merely a coincidence, and it may be that a well-fed cow makes better milk than an overworked woman. I have also doubts about the statement that the children of the poor are more liable to the disease than the rich. I find no difference, except that the latter are more liable to brain symptoms.

Dr Erich. It has been stated here that Asiatic cholera never attacks children. The first case of that disease I ever saw was a child. It died in a few hours. The statistics of Dr. Arnold are too small to prove anything in regard to the propriety of weaning.

Dr. Williams. Dr. Arnold thinks this disease does not occur in Europe in equal latitudes. We frequently make mistakes when we speak of equal latitudes. The latitude of London is the same as that of the southern part of Labrador; of Paris, that of the northern boundary of the territories of Dacotah, Montana, and Washington; of Philadelphia, about that of Naples and Lisbon; of Baltimore, that of the southern part of Spain and the northern part of Africa; of New Orleans, that of Cairo and the Great Desert. From this we would not expect to hear much of this disease in London and Paris, and from the southern parts of Europe, we cannot get reliable accounts. Similar latitudes do not, however, prove that the temperature is the same, the comparison can only be made by tracing the isothermal lines. If we accept the theory of Dr. Arnold, that this disease is the result of endemic influence, it only removes the difficulty one step, and this endemic cause must exert itself somewhere, and I say it is on the nervous system. We look for the greatest prevalence of epidemic and zymotic diseases among the poor and unclean, and if this disease is equally prevalent among the rich, that is an argument against the endemic theory. I hope statistics will support Dr. Arnold, that it makes but little difference whether the child is weaned or not, for we are frequently consulted in regard to weaning children, and often advise nursing when it is very desirable for the mother that she should discontinue it. We, however, frequently see bad cases cured by the employment of a wet-nurse, and when we consider the character of the milk brought to the city, it seems hazardous to take the child from the breast.

Dr. Erich. I think nature indicates the time when a change of food is proper, by the appearance of the teeth. I usually advise nursing for fifteen or eighteen months.

Dr. Arnold. The nervous system is the asylum of our ignorance. It relieves us from further examination. I cannot see how this disease of the nervous system can produce the enlargement of the liver which is always met with in post mortem examinations. The same condition of the liver is met with in the dysentery of tropical climates, which is always considered to be dependent upon some endemic causes.

Dr. Williams. This enlargement of the liver is not an essential part of the disease.

Dr. Erich. It is only found in those chronic cases, and no one is able to say that it is present in all the cases, for we have no means of proving it.

Dr. Hartman. As, in the community, the proportion of nursing children is more than two-thirds of the whole, we ought to expect a larger number of weaned children to be attacked. These statistics can only be made available when we know the number of each class of children, and the number attacked.

Dentists in Belgium.

In the bill now before the House of Representatives, it is proposed that dentists should possess the degree of Doctor of Medicine and Surgery. If the bill becomes law, the dental profession in Belgium will be on a footing with the profession at large.

Editorial Department.

Periscope.

Empyema and its Treatment by Perpetual Drainage.

The *Pacific Medical and Surgical Journal* publishes the following, which originally appeared in the *N. Y. Medical Record.*

"An extremely valuable clinique was that held by M. Gosselin on a case of empyema, that he had had under his eyes for two years, and in relation to which he suggested several ideas that are not everywhere current.

Until recently, (observed the Professor), suppuration of the pleura was regarded as a necessarily fatal disease, both on account of the exhaustion induced by the long continued drain on the system, as also by the habitual co-existence of grave pulmonary disease. No cure is possible, unless on the condition of entirely evacuating the pleural cavity, which can only be effected spontaneously by the establishment of a bronchial or cutaneous fistula. In a few cases children have been known to recover after the establishment of the first kind of fistula, or vomica, as it is technically called, but only uncertain reliance can be placed upon the benignity of this mode of evacuation, and no physician has the right to provoke it. On the other hand, the cutaneous fistula is even more dangerous, air insinuates itself into the cavity, decomposes the pus, and prevents the dilatation of the lungs, which gradually assume a state of indefinite collapse. Hectic fever sets in, with all its train of symptoms, cough, diarrhœa, and everything indicating the absorption of purulent matters, and the patient is generally carried off in two or three months at the furthest. Modern surgery, however, has ventured to interpose the operation of thoracentesis, as an attempt to arrest the fatal march of this serious disease. This operation, whether performed by simple puncture or by incision, is (according to Gosselin) essentially the same, and essentially useless, unless accompanied by a certain precaution presently to be described. In the first case, the little wound speedily cicatrizes, and a repetition of tappings is required, which finally results in the establishment of a fistula. By this the pus indeed escapes, but the air also enters, with the consequences above described. The same thing is true of an incision, and although there was more chance of success after Sedillot suggested counter-openings, and the use of injections to wash out the cavity, the results were still far from satisfactory. M. Chassaignac, however, has had the happy idea of inserting by the two openings, perforated caoutchouc drainage tubes, which afford free and continual exit to the pus, and thus neutralize any evil effects resulting from the inevitable ingress of air. For the pus, however decomposed, is innoxious if able to freely escape, instead of being shut up in a close cavity, and stimulating its own absorption.

In addition to the use of drainage tubes, injections of warm water are made every two or three days.

The patient who furnished the occasion for these remarks, had been treated by the method above described, which had proved remarkably successful. He had first come under the care of M. Gosselin two years ago at La Pitié, and appeared then in a dying condition, exhausted by a long standing empyema and thoracic fistula. As soon as free exit was afforded to the pus, and the drainage tube established, the hectic fever began to mend, the patient's strength rallied, and in three months the convalescence seemed so solidly established, that the drainage tube was removed, and the man left the hospital. The flow of purulent liquid had entirely ceased. After working for about three months, the patient began a second time to suffer from oppression. A fistula re-opened, and after some weeks the general health had fallen to nearly as desperate a condition as on the first occasion. Re-admitted to La Pitié, and treated again by a drainage tube, the patient again rapidly recovered. After this experience, the tube was left permanently in place. A third time he had run down in strength, and entered La Charité, but was speedily built up again by the same treatment, and thoracic injections of iodine and of sulphite of soda. It was M. Gosselin's intention to leave the drainage tube in place until the pleural cavity should be entirely obliterated. And this practice, and the theory upon which it is founded, constitute the original part of his lecture. He declares that it is absurd and chimerical to hope that a serous membrane that has undergone a pyogenic transformation, can ever retain its original character or functions. So long, therefore, as it exists, so long will there be drainage from renewed secretion of pus. But by prolonged care in carrying off the corroding secretion as it forms, the surgeon may hope for the formation of adhesions which shall definitely obliterate the cavity, and constitute the cure of the disease.

By means of these combined methoc therefore, judicially applied, many patients, in even grave stages of hectic fever, may be snatched from the jaws of death, and restored to a tolerable degree of health. This, of course, cannot be expected, if the empyema complicates advanced tuberculous disease.

M. Gosselin also applies the system of perpetual drainage to abscesses situated under the great pectoral, and whose evacuation is rendered difficult by the tonicity of the muscle. A case of this kind, actually in the ward, is doing extremely well. The tube, of course, passes through the original and the counter incision. Injections are made every two days with warm water."

Sulphite of Soda in Small-Pox.

From the beneficial effects of the sulphites in zymotic diseases—especially typhoid fever, as observed by Prof. Polli and others—we were prepared to believe them of use in small-pox, and had resolved to use the sulphite of soda or magnesia, should opportunity offer. The first notice we have seen of their administration in this disease occurs in a late number (May, 1868) of the *Chicago Medical Examiner*, in which journal mention is made by Dr. P. G. Kelsey of twelve or thirteen cases. In the first case a bountiful eruption gave unmistakable evidence of small-pox, which was treated in the usual manner till the *fourth* day of the eruption, when about eight grains of the sulphite of soda was given in solution every four hours, and with the result of rendering the patient far more comfortable in every particular, and apparently modifying the disease considerably in the following twenty-four hours. The next case was an infant six weeks old, and which was so completely covered with the eruption that there was not a spot upon its whole body where you could rest the end of the finger without touching a pock. The child had not been vaccinated, and nothing was given it save the sulphite of soda and spirits of nitre. It passed through all the stages of the disease with remarkable ease and comfort, and made a rapid and good recovery with only a few marks of any extent. In the third case a German was attacked with a severe form of the disease, being delirious for *five* days. The sulphite was given, but discontinued by an officious nurse. Upon its resumption, the patient again became more comfortable, and made a good recovery. The remaining cases—some being varioloid—all recovered. Although fully aware that "one swallow does not make a summer," and that the specific value of a remedy cannot be based upon its apparently favorable action in one, two, or even a dozen cases, yet it appears to us, theoretically and practically, that sulphite of soda is worthy of additional trial as a remedy in small-pox.—*Pacific Med. and Surgical Journal.*

Immoral Publications.

The following sound remarks are from the pen of Dr. Henry Gibbons, the editor of the *Pacific Medical and Surgical Journal.*

"I cannot dwell with too much emphasis on the important practical distinction between the moral treatment which inspires confidence and hope, and tends to dispel the cloud of anxiety and apprehension, and that which confirms suspicion and excites alarm;—between that which is prompted by professional and honorable motives, and which has the good of the patient for its primary object, and that which is controlled by the love of gain, and makes body and soul the sport of the vilest tricks of trade. The system of empirical advertising may be regarded as an ingenious device for robbing men of their money, their happiness, and their reason. The newspaper, going into every house, carries a flood of this poisonous literature. The newspaper makes our females familiar with the idea of the prevention of pregnancy, demoralizing the married and corrupting the unmarried. The newspaper prompts the idea of abortion, and indirectly encourages a criminal practice so wide-spread as to disturb the foundations of society, and to affect the national welfare. The newspaper furnishes the abortionist with the means of inviting all the mothers in the land to to murder their unborn offspring through his nefarious agency. The newspaper is a daily reminder to every villain who plots the ruin of females, how he can accomplish his diabolical purpose without exposure. The newspaper puts in the hands of every boy and every girl, in city and country, a daily stream of impure, obscene and corrupting literature, which they could find nowhere else.

"The reader will not understand me as pronouncing a censure on the conductors of the press in this relation. I remember too well the example of the knight and the windmill. The laws of trade govern the press, and mould the code of morals for this, in common with other departments of industry. I will do the proprietors of newspapers the justice to declare my conviction that they all believe and know that the advertisements referred to are unfit for general reading, and that they are morally perni-

cious. I believe further that scarcely one newspaper on this coast would admit such advertisements, if others did not.

"The same defence applies to those respectable druggists who suffer their names to be announced as venders and endorsers of universal cures for nervous weakness and impotence, and female obstructions. It is well understood that people of intelligence will not believe the statements which are made, and that only credulous and weak-minded persons, composing not much over nine-tenths of the community, will be misled and fleeced by such publications.

"If writings published with the design of doing good are capable of so much evil, as appears from what I have previously said, how much more mischief is calculated to result from publications artfully prepared for the very purpose of frightening the reader into the belief that he is sick, and which are daily thrust before his eyes, so that he cannot avoid seeing them if he would! I have an earnest conviction that the literature of quackery is much more pernicious than is commonly supposed;—that few persons suspect the depth to which it strikes its roots into the corporeal, moral, and intellectual life of society, and the consequent amount of vice, trouble, disease and insanity which it produces."

Chloric Ether.

A correspondent of the *Druggist's Circular* propounds the following query:

"If an American (or English) physician prescribes in a mixture *chloric ether*, which compound is to be given? I believe it varies with the locality. I have several times got into trouble for having given one thing, when quite *another* was meant. It is not officinal. In U. S. Dispensatory (I mean W. and B.), page 919 (old edition), is mentioned chloric ether as a synonym of Dutch liquor, and page 1348, as a name for a solution of chloroform. In Parrish, I find, page 542, spir. chloroform, U. S. P. ("chloric ether.") In some places is dispensed and meant, *spir. muriat. œther, sive salis dulcis.* Vide Parrish, page 533. Which one would you advise?"

To which the editors reply:

"We would advise (because there can scarcely be a doubt which is meant in this latitude), when *chloric ether* is prescribed by a physician, that the apothecary should put up the *spiritus chloroformi of the* U. S. Ph. If any other preparation is intended, then it will be so specified. It is evident that the old chloric ether (Dutch liquid) cannot be designed, as that is pure chloroform, and would be so called by any one of common knowledge; and it is equally evident that the *muriatic ether* is not intended, for that can scarcely be dispensed or kept on account of its great volatility; and physicians, generally have an acquaintance with it, either physically or therapeutically. *Chloric ether* is an erroneous term to employ, and would be used only by those who neglect the Pharmacopœia. A mistake possible to be made, it seems to us, arises from the difference between the U. S. preparation of chloroform spirit and the British—ours being nearly three times stronger than the foreign—and that one article *might* be substituted for the other. This is barely possible, but not at all probable, except by an English pharmaceutist who had but just arrived."

Nourishment by Enema.

Dr. Runge, of Nassau, reports (*Deutsche Klinik* No. 27, July 4, 1868,) a case of œsophageal stricture, in which the patient was sustained 59 days by clysters of yolk of eggs, broths, and gruels. During the first eight days he emaciated rapidly, and complained much of thirst. Then came a stationary period. In the third week he felt neither hunger, thirst nor pain; in the fifth week he could walk pretty firmly. The emaciation had increased very little, when in the eighth week an inflammation of the rectum supervened, which terminated his life in the beginning of the ninth week.

Dr. R., thinks the patient might have lived many more weeks, had the complication alluded to been obviated by the exercise of greater care in the administration of the injections.

Strychnia in Febris Intermittens.

Dr. John P. Nash sends to the *Lancet* from Madras an account of his success with the above-named remedy after quinia had failed. The doses varied from one-thirtieth to one-twelfth grain; the medicine was given four times daily, and duration of treatment never exceeded eight days. Many of his colleagues had the same gratifying experience.

Description of a New Ligament.

O. Lannelong et A. Le Deutu—(*Arch dé physiol. norm. et pathal.* 1. 448–450.)—describe a ligament which arises from the posterior layer of the sheath of the sterno-thyroid muscle, inserts itself at the inner surface of the first rib, behind the sterno-clavicular articulation, and is thence continued to the anterior surface of the pericar-

dium. This band includes the remains of the thymus gland. It serves to fix the pericardium at its anterior portion, and is the counterpart of the "ligamentum vertebro-pericardiacum," described by Béraud, which attaches the posterior surface of the pericardium to the spinal column.

Electricity.

Dr. W. H. Taylor mentions in the *Lancet*, a case of paralysis of the bladder in a female, which had for a long time resisted medical treatment. He applied electricity to the internal surface of the organ, with the happiest result. He used Mackenzie's appliance for the larynx, and after the fourth repetition, the patient was fully cured.

Reviews and Book Notices.

Outlines of Physiology, Human and Comparative. By John Marshall, F. R. S., etc., with Additions by Francis G. Smith, M. D., Professor of Institutes of Medicine in the University of Pennsylvania. Illustrated by numerous wood cuts. Philadelphia: H. C. Lea. 1868. 1 vol., 8vo., pp. 1026. *Price*, cloth, $6.50; sheep, $7.50.

This treatise on Physiology, published last year in England, is designed more for a text book for students than otherwise, and particular attention is given to this branch, as connected with anatomy and chemistry. It embraces all that is authentic and received, without going into new views, the discussion of theories, or the details of experiments. It is a summary of existing knowledge, rather than an attempt to extend knowledge.

The author has conscientiously studied all the recent publications of value on his subject, and has the faculty of presenting his points simply, clearly, though rather dryly. The comparative portion of his work—the physiology of the lower animals—is passed over briefly, though sufficiently for the medical student.

The additions of the American editor are not numerous, but are judicious, and increase the usefulness of the book.

The illustrations are of average—and not more than average—goodness. They number about a hundred and ten. We may place the book among our better physiological text-books, though it would seem that in a text-book, all that is known in physiology might be said in less than a thousand large octavo pages.

Atlas of Venereal Diseases. By A. Cullerier. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M. D., etc. With about One Hundred Beautifully Colored Figures on Twenty-six Plates. Philadelphia: H. C. Lea. 1868. 4to., pp. xij. 328. Part V. and last. Price of the Five parts, $15.00. Cover, 75 cts.

This handsome work, the like of which it is hard to parallel in American publications, and the progress of which we have from time to time chronicled, is now brought to a conclusion with this fifth and final part. The editor may well congratulate himself on the completion of a work of such value to the medical public. The chromolithographs of this latter part seem to be even better than the earlier ones, less vividly colored, and more natural therefore.

The doctrine of M. Cullerier is that of the oneness of the syphilitic virus; that of Dr. Bumstead is that the virus is dual, producing, one the simple, the other the hard chancre. It is the more interesting, therefore, to study the arguments which the translator brings to bear against his author. This Atlas must be regarded in future, as a necessary adjunct to Dr. Bumstead's excellent work on the venereal, and a *sine qua non* in the libsary of all who would make a thorough study of syphilis.

A well made cloth case goes with the number for convenience of binding.

Clinical Lectures on Diseases of the Liver, Jaundice and Abdominal Dropsy. By Charles Murchison, M. D., F. R. S., etc. New York: William Wood & Co., publishers, 1868. 1 vol. 8vo., pp. 556.

There are many practitioners who, whenever they are at a loss in diagnosis, have something to say about "torpid liver," "engorged liver," or something of the sort, and therefore proceed to unite the familiar prescription commencing "Hydrarg. chlor. mit," etc. To such, and to all, a compendious, clear, clinical treatise on liver-diseases will be welcome. Such a treatise is the one before us.

It contains a series of lectures embracing enlargements of the liver (malformations, the waxy and the fatty liver, hydatid tumors, congestion, abscess, cancer, hydatids) contractions, jaundice, fluid in the peritoneum, hepatic pain and gall stones. Their object, says the author, is rather to put forward prominently the leading characters on which the diagnosis of these diseases depends, and in particular to determine the diagnostic import of those signs and symptoms which are common to many hepatic disorders. The object is well attained, and the volume will be found an eminently useful one in every day practice.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 14, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

FRENCH THESES.

A better commentary on the difference between a French and an American medical education could scarcely be presented than that suggested by a comparison of the theses offered by the students of the two nations, for graduation. Every one knows what the thesis of the American student is:—With a few honorable exceptions, a mere re-hash or condensation of a chapter from one of his text books, with an occasional idea borrowed from the Professor, whose department the essay is intended to illustrate, and under whose eye it is expected to fall:—A reflex of a mind untrained to habits of study or observation, in which memory has usurped the place of logical thought, crammed with a mass of isolated facts strung together at best by theories taken at second hand. And the manner is even worse than the matter. Even if, at the expense of much pains on his own part, or with the assistance of a professional student's "*coach*," mistakes in spelling or grammar have been avoided, how often does the production display any grace of style, any luminousness of expression, any rhetorical grace? How often does it occur among the thousand young men, who every year obtain the degree of "Doctor of Medicine" from the thirty-five accredited schools of the United States, that a thesis is presented which leads the faculty to say, "This paper displays an originality of thought, a closeness of observation, a clearness of method, or an elegance of diction, which will render it an honor to us, and to our institution to publish it?"

True, many of those whose essays at the close of their prescribed career of study do them and their instructors so little credit, become subsequently authors, writers and lecturers of considerable merit and reputation, but this is because they appreciate their own deficiences, and apply themselves earnestly to a course of close clinical observation and methodical study, *after* graduation, which they should have been compelled to pursue *before*. We venture to say that there is no man in the profession of any mark as a writer who has not supplemented the miserably insufficient preparation of his college course by years of patient and laborious application. If we turn now to the thesis which the student who desires to graduate at the Medical School of Paris offers to his examiners, and which he is compelled to sustain and defend before them orally, how refreshing is the change. We have two specimens before us as we write, which will serve as samples for the comparison. In the first place, the faculty not entertaining any doubt as to the capability of the applicant to write his own name, every thesis is *printed* in the press of the school, or elsewhere, if the candidate prefers to have it gotten up in handsomer style, but always on a uniform page, in uniform type, large and legible, and with a uniform title. The labor of the examiners is thus materially lessened, as compared with that of our own, who are compelled to decipher the chirography of hands too often unfamiliar with the use of the pen.

The first of these essays which we notice is that of J. V. LABORDE, and was presented and sustained, Monday, August 22, 1864. Following his name on the title page is this statement, to which we call especial attention.

"House-Physician and Surgeon to the Hospitals and Infirmaries of Paris.

(Bicêtre 1859–60; La Charité, 1861; Les Enfants Malades, 1862.)

Twice recipient of the bronze medal of the Board of Public Charities.

Laureate (gold medal, 1857,) of the Medical Faculty of Paris.

Laureate of the Medical Society of the Hospitals (1862–63.)

Member of the Anatomical Society, and Secretary of the Biological Society."

What a catalogue of honors for a man just presenting himself for the degree of Doctor of Medicine! And what a course of faithful study and opportunity for clinical observation does it testify to. We are probably safe in estimating that at least three years of devotion to the elements of medicine must have been necessary to enable him to take, in the face of a numerous competition, and before a severe tribunal, the gold medal of the faculty of Paris, and may therefore put him down as having commenced his studies certainly as early as 1854. He graduates in 1864. Ten long years of patient toil! Is it any wonder that Paris is the centre of the medical world? Of these ten years, at least four were devoted to the duties of a hospital *Interne*, which often include clinical lecturing as well as clinical practice and study.

It is not surprising that an essay prepared under such circumstances and after such a training, should have taken its place at once as an authority, on the subject of which it treats. It is entitled.

"Infantile (so-called essential) Paralysis, its Resultant Deformities, and the Means for Remedying them."

Although a complete and elaborate treatise of 250 pages, with full histories of 50 cases; a Biographical Index, analytical Table of Contents and plates,—he tells us that it is "but a fragment of a larger work on the nervous disorders of infancy, on which he has been at work for the past three years." The bibliographical index referred to contains the names of several German and English as well as French Treatises, and includes pretty much all that had ever been written upon the subject.

The other thesis to which we have referred, is that of M. Justin Quintaa, of Portet, in the Lower Pyrenees—and was presented and sustained, January 24th, 1868.

Its title is, "Potts' Disease of the Vertebræ, considered especially in reference to its Orthopedic Treatment." Although a very creditable little monogram, it does not present the same evidence of profound research or brilliant thought as that of Dr. Laborde. Its interest to us consists in the fact, as shown in the opening sentences of the Preface, that he gives the most unqualified preference to the American method of treatment. He says:

"The affection known under the name of '*Potts' Disease of the Spine*' is of such frequent occurrence, the deformity which it produces is so revolting, that it is surprising to observe what meagre results have been arrived at in the way of treatment. We shall be happy if we are able to fill this void by introducing to our brethren in France the experiments instituted by several distinguished surgeons in the United States."

He then goes on to mention the names of Drs. Davis, Taylor and Lee, as deserving of especial notice for their labors in this field. The collection of essays published by Dr. Benjamin Lee of this city, under the title of "Contributions to the Diagnosis, Pathology and Treatment of Angular Curvature of the Spine," is drawn on quite largely, both by direct quotation, and by borrowed argument. The author must have been much more familiar with the English language than most American students are with the French.

There are two features of these in common with all French Theses, to which, in conclusion, we would refer. The first is the very pleasing custom of remembering the author's relatives and friends, and the Professors to whom he feels especially indebted in a sort of dedication of this his grand inaugural essay to them. Although characterized by that simplicity and demonstrativeness which so distinguish the continental European from the Anglo-American, it yet affords an admirable opportunity for acknowledging the kindness and attentions which the student has received and felt during his career of preparation for the active duties of professional life. Dr. Quintaa occupies two, and Dr. Laborde five pages (large type and broad spaces of course) in these graceful acklowledgments. The latter opens as follows:

"To M. Urbain Dubedat.

To you, to your counsels and to your encouragements so full of affection, I owe the attainment of the goal which I have this day reached, through difficulties of every kind.

It is my greatest satisfaction to be able to make, upon this momentous occasion, a public acknowledgment of my profound gratitude."

Then follows a touch of nature and of sentiment, which an American youth would be at once too shame-faced, and too indemonstrative to introduce.

"To my Aunt Désirée Labadie,
My second Mother."

The second fact is the publication at the end of the thesis of the "Questions on the different branches of medical science," which the candidate has been called upon to answer in his examination. We copy Dr. Quintaa's list as a sample, premising that when no direct question is asked, the applicant is expected to say or write (in the examining room) briefly all that he knows upon the topics furnished.

"*Anatomie.*—The bones of the lower extremity.

Physiologie.—The functions of the facial nerve.

Physics.—Calorimetry; specific heat; latent heat.

Chemistry.—Combination of nitrogen with oxygen; characteristics and preparations of azotic alcohol.

Natural History.—General characteristics of birds; how divided? The egg of the common fowl, its employment in Therapeutics and Pharmacy.

External Pathology.—Mode of treatment of compound fractures.

Internal Pathology.—Progressive Locomotor ataxia.

General Pathology.—Morbid complications.

Pathological Anatomy.—Biliary calculi.

Operative Surgery.—Catheterism of the Lachrymal Ducts.

Pharmacology.—What is the alcohol which is employed in pharmacy? What are the principal degrees of concentration in which it is employed? What principles does it dissolve? How are alcoholic tinctures, simple or compound prepared?

Therapeutics.—The modes in which medicines are eliminated from the system.

Hygiene.—The purity of water for drinking.

Medical Jurisprudence.—What is an antidote? At what period of a case of poisoning should it be administered?

Obsterics.—The Jaundice of Pregnant Women."

Notes and Comments.

Hot Springs, Arkansas.

Dr. Lawrence, resident physician at the Arkansas hot springs, states that these springs—to which we lately alluded in our Periscope—contain the following ingredients:

"Silicates with base, bicarbonate of lime, bicarbonate of magnesia, alumina with oxide of iron, arseniate of iron? carbonate of soda, carbonate of potash, carbonate of lithia? sulphate of magnesia, chloride of magnesia, oxide of manganese, sulphate of lime, arseniate of lime? bromine? iodine, a trace, organic matter, a trace.

The Springs, in all, number fifty-four, and have a mean temperature of 134° Fahr't. They range, respectively, from 93° to 150° Fahr't, and totally discharge 317 gallons of water every minute. The Springs vary quantitatively, but are qualitatively allied.

The properties of the waters depend not alone upon the caloric, diluent, solvent, corrective, or the antacid qualities—but the Springs all contain carbonates of the alkalies and alkaline earths—agents well known to therapeutists to possess active eliminative agency; consequently they produce valuable alterative effects in chronic diseases. Again, the *natural soluble silicates of the earths*, I feel satisfied by experience, *produce molecular results*, as yet but little known or regarded by the profession as adjuncts in the treatment of constitutional diseases."

Manipulation in Luxation.

George W. Callender decribes in the *Lancet* a method for reducing displacement of the femoral head into the sciatic notch.

1. The thigh is flexed on the abdomen.
2. It is brought into exact line with the long axis of the body.
3. It is forcibly extended, parallel with the sound thigh.

Correction.

On page 355, line 25 from top, instead of, "The artificial muscle was exhibited, it is a piece of india rubber tubing, which represents the tendinous origin and insertion," read, "The artificial muscle was exhibited, it is a piece of india rubber tubing, which represents *the muscle, and a string at the extremities, which represents the tendinous origin and insertion.*

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Case of Gunshot Wound.

Editors Med. and Surg. Reporter:

The following case is presented to the profession, not with a view to proposing any new idea or plan of treatment, but for the interest naturally attaching to the rarity of its occurrence, with so favorable a termination; flying in the face, as it does, of all reasonable prognosis, and yet teaching us an impressive lesson of reliance on the *vis medicatrix naturæ*.

Case. Sept. 8th, 1868. Oliver Lyddauer, a boy thirteen years old, a resident of this city, was accidentally shot by a pistol in the hands of a companion, the ball entering the cavity of the thorax one inch above the heart, as near as could be ascertained by myself and Drs. Lincoln, Draper, King, and J. F. Thompson, who kindly assisted me in the exploration. External hemorrhage not profuse; some hæmoptysis, signs of blood in the left pleural cavity, and external emphysema. No appearance of the ball in the dorsal regions; left scapula free in its movements, and without pain. Ball not extracted.

℞. Elix. calisaya, f.℥iv.
Tr. kino, f.℥ss.
Tr. opii, f.℥j. M.

S. A dessertspoonful every hour. Water dressings to wound.

Sept. 9th. Patient doing well; slight hæmoptysis; no external hemorrhage; no untoward symptoms.

Sept. 10th. Patient quite cheerful and easy; no fever nor hæmoptysis; external opening contracting rapidly, dry, and exhibiting no appearance of undue inflammation; pulse 75; organic functions all normal; semi-mucous râles in upper part of left lung; complains of slight pain in the superficies of left side, referring it to dorsal region while lying down, and to the region of the diaphragm while standing up. Continue treatment.

Sept. 17th. External wound healed completely. Patient well and running about, with no vestige of the injury save the slight pain in the left side of the diaphragm.

Remarks. Two questions of interest present themselves in this case. 1st. What track could the ball follow to avoid the large and important vessels about the base of the heart, as it has evidently done? 2d. What has became of the ball?

My own impression is, as to the first, that it must have traversed the small, sometimes hypothetical space existing between the arch of the aorta and the left bronchus above, and the heart and pulmonic artery and veins beneath, wounding in its passage the thin fold of the left lung, which envelopes the base of the heart at this region; either this, or the angle formed by the left outer wall of the arch and the bronchus. The natural surmise as to the fate of the ball is, that it was arrested by the vertebral column or one of the ribs, perhaps deflected by some surface of these bones oblique to its trajectory, and has since gravitated to the floor of the thorax, whence it may, one day, make its re-appearance in the external world, by ulcerating its way through the diaphragm and into the stomach; thence passing out in the dejections. The boy occasionally joins me in my professional rounds, and expects to resume his studies some time next month.

W. J. C. Duhamel, M.D.

Washington, D. C.

News and Miscellany.

Dipsomaniacs.

The *London Lancet* says:—"We know not whether our Scotch friends are more given to indulgence in spiritous liquors than are the English, but they have adopted a sensible and humane method of treating that form of disease—for it amounts to a disease,—an incontrollable love of alcoholic drinks. We have, on former occasions, earnestly called attention to this class of cases, in the interests of the unfortunate drunkard and his family; but the liberty of the subject has proved a bugbear in the way of all legislation. People are beginning to adopt more healthy notions, however, and the drunkard is not allowed to exercise his liberty at the expense of other people's health and happiness, quite so much as heretofore. We learn that the Lunacy Board of Scotland has adopted some action in the matter. In a report of a former year, an opinion was expressed that persons unable to resist the tendency to excessive drinking should be allowed to place themselves under control and treatment without authority from the sheriff. By the Lunacy Amendment Act, 1866, asylums are authorized to receive for care and treatment any person who expresses in writing to the Commissioners in Lunacy his wish to become a voluntary patient, and obtains their consent; and that this provision was taken advantage of in 1867 in Scotland by 17 persons: fourteen were admitted

into public and three into private asylums. We would go a little further, and make it permissible to place such persons under medical restraint, where it could be shown by clear and unmistakable evidence that a drunkard exercised no control over his habits, but was ruining himself in health, and plunging his wife and family into destitution and misery."

"Beautiful Forever."

The credulity of mankind in matters pertaining to the *soi même* is beyond comprehension. We quote the following from the *N. Y. Evening Post*, as illustrative of the credulity in such things of even the aristocratic people of England:

In the recent trial of Rachel Levison, in London, for defrauding a Mrs. Borrowdale of a large amount of money by promises to make her "beautiful forever," and marry her to a rich lord, Rachel's daughter testified in court that her mother cannot write; that "the Royal Arabian soaps, two guineas a cake; Royal Nursery soap, two guineas a cake; Royal Palace soap, two guineas a cake; Royal Victoria soap, two guineas a cake; Princess soap, two guineas a cake; Alexandra soap, two guineas a cake; Prince of Wales soap, two guineas a cake; Armenian liquid for removing wrinkles; Sultana beauty wash, Magnetic dew-water, from the Desert of Sahara, two guineas a bottle"—"are all articles in which we deal," to which "Jordan water, price £10 10s. per bottle," was afterward added. She testified, also, that by selling these articles—which can be bought, as their price shows, only by very wealthy fools—Rachel made so considerable an income that she kept a country house for summer use, paid £400, (two thousand dollars in gold,) for an opera box, and educated two children in Paris.

"In the interior of Sahara, or the Great Desert, is a magnetic rock, from which water distils sparingly in the form of dew, which is possessed of extraordinary property. Whether a latent electricity be imparted by magnetism, or an additional quantity of oxygen enters into its composition, it is not easy to say. But it appears to have the property of increasing the vital energies, as it restores the color of gray hair apparently by renewing the circulation in its capillary tubes, the cessation of which occasions grayness; and it gives the appearance of youth to persons of considerable antiquity. This water is brought to Morocco on swift dromedaries for the use of the court, and its virtues are much extolled by their physician. It might be called the antipodes of the Lethean Styx of ancient times."

That is what Rachel sold for two guineas a bottle, and her daughter testified, "we have a large number of customers;" "I was too much engaged in a very heavy business to pay much attention to conversation." There must be an enormous amount of ignorance and superstition among the wealthy classes in England, to support such a transparent swindler as this Madame Rachel, who, by the way, was sentenced to five years of penal servitude.

Our Ancestors.

Were they pigmies, or giants, apparent apes, or possible philosophers? Have we improved upon their structure? or are we physically degenerate? Strangely enough, this question of fact is still at issue. M. Lartet, at the last session of the Sociétés Savantes, gave an account of his scientific explorations in Dordogne, and of the bones, including three crania, which he examined, and of which the age is fixed as of the earliest quaternary period—the age of the mammoth. He dwells on the remarkable length and prodigious strength of the bones of the limbs. With this, the crania are remarkably large; and the brains which filled these capacious cases must perforce have been of considerable size. These skulls, he adds, are far from presenting the characters of inferiority which the school of "development" would attribute to our ancestors.—*Brit. Med. Jour.*

Correlation of the Various Parts of the Physical System.

Among the curious facts in reference to the correlation of various parts of the physical system, which have never yet been explained, is a curious one in reference to cats, which, Mr. Darwin assures us, are almost invariably deaf, if pure white with blue eyes. Dozens of such cases have been observed, while the young of such cats, if they have the least bit of color on their fur, invariably hear. The same is true if one of the eyes be not blue. Dr. Sichel, of France, observed one case when the iris began to turn of a darker color; and, curiously enough, the cat at the same time began to hear. Kittens are entirely deaf during the first nine days, while the eyes are closed; and their eyes remain blue for a few days longer. While blind, the loudest noises do not affect them. The experiment should not be tried by shouting near their ears, as they are extremely sensitive to any breath of air; but by producing any clanging noise, as by striking a pan or shovel.

—— The oldest Doctor in the world, Professor F. Verdugo, Salamanca, Spain, died lately, aged 105 years. He had practised medicine for eighty years.

—— A valuable horse belonging to a farmer in Addison county, Vermont, was bitten on the fetlock joint by a rattlesnake, and died in fifty minutes, in great agony. The reptile was trampled to death by the horse in its rearings and plunging after the bite.

Army and Navy News.

Navy News.

List of changes, etc., in the Medical Corps of the Navy during the week ending November 7, 1868.

Past-Assistant Surgeon G. S. Franklin, resigned.

Past-Assistant Surgeon C. H. Giberson, detached from Navy Yard, New York, and ordered to the U. S. S. Nipsic.

Past-Assistant Surgeon C. J. S. Wells, ordered to duty at Navy Yard, New York.

Surgeon E. S. Matthews detached from U. S. S. Michigan and waiting orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Barr—Elder.—Oct. 15, by Rev. A. Donaldson, Robert Barr, M. D., of Indiana, Pa., and Miss Cordelia, second daughter of Mr. Robert Elder, of Eldersridge, Pa.

Field—Minifie.—On the 26th inst., at Grace Church, Baltimore, by J. E. Grammar, D. D., J. T. Field, M. D., of Salterville, N. J., and Mary E., daughter of William Minifie, of former city.

Fullerton—Miller.—At Greenfield, Ohio, Oct. 22, Dr. Hugh S. Fullerton, of Springfield, formerly of the Central Lunatic Asylum, Columbus, and Miss Mary Alice Miller, of Greenfield.

Howells—Coggshall.—In New York city, Oct. 22d, Dr. H. C. Howells, of Hamilton, Ohio, and Mary S., daughter of the late Capt. George Coggshall.

McCauley—Alcorn.—Oct. 20th, at the house of Joseph Alcorn, Esq., at Kittanning, Pa., by Rev. Wm. F. Morgan, D. D., R. E. McCauley and Miss Annie B. Alcorn, all of Kittanning, Pa.

McDavid—Gray.—In Augusta, Me., Nov. 3, by Rev. Mr. Upjohn, Dr. Wm. McDavid and Lenora J. Gray.

Noble—Harrison.—On the 29th of October, at Grace Church, Baltimore, by Rev. George Leeds, D.D., Horace Noble and Mary Spencer, daughter of Dr. S. A. Harrison, of Easton, Md.

Reynolds—Rogers.—In Chicago, Ill., Oct. 29th, by the Rev. D. C. Marquis, pastor of the North Presbyterian Church, Dr. Albert Reynolds, of Clinton, Iowa, and Miss Sarah Rogers, daughter of Dr. G. A. Rogers.

Spence—Waldron.—In this city, Nov. 5th, at the residence of the bride's mother, by the Rev. Geo. Howell, Dr. R. T. Spence and Mrs. Virginia Waldron, daughter of the late George Riggs, of this city.

Stockman—Gallison.—On Thursday, Oct, 29th, at Machias, Me., by the Rev. Mr. Harding, Dr. C. W. Stockman, of Steuben, and Nellie, eldest daughter of the late John Gallison, of New Orleans, La.

Welty—Amoss.—On the 18th of July, 1868, by the Rev. Wm. M. Osborne, Dr. F. H. Welty, of Baltimore, and Miss Alice J., youngest daughter of A. P. Amoss, Esq., of Howard co., Md.

Weyer—Marshall.—Oct. 29th, Dr. Geo. W. Weyer and Miss Mary L. Marshall, both of Madison, Ind.

DIED.

Bennett.—In Rochester, N. Y., Oct. 28th, Hilem Bennett, M. D., aged 77 years.

Bird.—On the 7th inst., at Valatie, N. Y., Mrs. Mary E., widow of the late Robert Montgomery Bird, M. D., and daughter of the late Rev. Philip F. Mayer, D.D., of this city.

Bruner.—On the 24th ult., at the residence of H. P. Rutter, West Philadelphia, Eliza Davies, wife of Dr. D. J. Bruner, of Columbia, Pa.

De Lacey.—In this city, on the 7th inst., Dr. John De Lacey, in the 45th year of his age.

Lee.—In this city, on the evening of the 8th inst., J. Edwards Lee, M. D., in the 48th year of his age, Assistant Physician in the Pennsylvania Hospital for the Insane.

Smith.—In Montpelier, Vt., Dr, Aaron Smith, in the 83d year of his age.

He was born in Hanover, N. H., in 1786, and practiced medicine in Hardwicke, Vt., from 1811 till 1865, when he removed to Montpelier. He was one of the most intelligent and accomplished physicians of the State during the long period of his active practice.

OBITUARY.

James Robertson, M. D.

Of apoplexy, Oct. 14th, at the residence of his son-in-law, Rev. W. Y. Brown, James Robertson, M. D., of Hanoverton, Ohio, in the 69th year of his age.

For a quarter of a century, or more, Dr. Robertson was the recognized head of the medical profession in that region of country; was consulted, whenever possible, in difficult and important cases, and it may be safely affirmed that, as a physician, he had but few equals, and no superiors in the State. As a man, he was courteous, kind, free, and affable. He was a great reader, and possessing a remarkably tenacious memory, his familiarity with the standard works in history, theology, and literature, as well as those in his own profession, was truly astonishing. He was the constant friend of the poor and the needy.

Dr. Posner.

Dr. Posner, founder and editor of the *Berliner Klinische Wochenschrift*, died on the 14th of September.

His loss will be felt in many scientific and social circles, where his leading spirit and truly humane heart placed him in the front rank.

ANSWERS TO CORRESPONDENTS.

Dr. J. M. W., of O.—Sponge tents prepared with an antiseptic are valuable in certain cases where the uterine discharges are offensive. Such is the indication for those you inquire about.

Dr. A. H., of N. Y., and others.—The questions you ask we expect to form the subject of an article in the Reporter before long.

METEOROLOGY.

October,	26,	27,	28,	29,	30,	31.	N. 1.
Wind.....	N.	S. W.	N. W.	N. W.	N. E	S. E.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy. Rain.
Depth Rain..							2 1-10
Thermometer.							
Minimum.....	44°	38°	45°	36°	32°	35°	40°
At 8, A. M....	53	47	57	45	38	44	49
At 12, M.....	59	61	62	48	49	61	47
At 3, P. M....	58	63	54	50	52	62	46
Mean.....	53.50	52.25	54.50	44.75	42.75	50.50	45.50
Barometer.							
At 12, M.....	29.9	30.	29.8	30.3	30.4	30.1	29.6

Germantown, Pa. B. J. Leedom.

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REFERENCES: SAMUEL HENRY DICKSON, M.D., formerly of Charleston, South Carolina, now Professor of Theory and Practice of Medicine in the Jefferson Medical College of Philadelphia. DRS. JOS. PARRISH, EDW'D HARTSHORNE, JOHN BELL, J. B. BIDDLE, S. W. BUTLER; also, JOHN C. MERCER, M.D., Williamsburg, Va.

R. A. GIVEN, M.D., Clifton Hall,
Kelleysville, Delaware County, Pennsylvania.

592—643

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Sept. 1*st*, 1868.—599—624

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S. P. DUFFIELD, Ph.D., M.D., Chemistry and Toxicology.
C. B. GILBERT, M.D., Materia Medica and Therapeutics.
W. H. LATHROP, M.D., Physiology and General Pathology.
J. F. NOYES, M.D., Ophthalmology.
N. W. WEBBER, M.D., General and Descriptive Anatomy.
J. M. BIGELOW, M.D., Medical Botany.
P. P. GILMARTIN, M.D., Adjunct Professor of Obstetrics and Lecturer on Medical Jurisprudence.
H. O. WALKER, M.D., Demonstrator of Anatomy.

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THE PRELIMINARY TERM

Will begin on Tuesday, November 3d, and continue until the commencement of the regular term. This course will be principally clinical. A fee of $15 will be charged for this course, but will be credited to the student on the payment of the fees of the regular term.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 612.] PHILADELPHIA, NOV. 21, 1868. [Vol. XIX.—No. 21.

Original Department.

Communications.

THE "CALENTURA," CONGESTIVE FEVER OF NICARAGUA, IN ITS RELATIONS TO YELLOW FEVER.

By B. F. Gibbs, M.D.,

Surgeon U. S. Navy.

(Continued from p. 396.)

As another illustration regarding change of climate in its disposition to develope malarial disease, I may mention that during the war, in 1862, an U. S. Naval Hospital was located at Pilot Town, which is situated, as one might say, upon a round lump near the head of the passes at the mouth of the Mississippi river, where it was under charge of Surgeon P. S. Wales, U. S. N. In September of that year, the hospital, with steward, attendants, and nurses, was moved to Pensacola. There was in this, at this time of the year, a decided change of locality and climate, and every person who had been connected with the Pilot Town establishment was taken down with the fever; while during their whole period of duty at the latter place they escaped the disease altogether.

In regard to the *post mortem* appearances of the "calentura," the most prominent pathological change was softening of the tissues of the *heart*. This organ was so degenerated as to become friable. Its structures were as easily broken down, in a patient who had been sick but five days, as if it were a piece of boiled beet. The *liver* was mottled on its surface and double its usual size, weighing from six to eight pounds. The hepatic structure was softened as in yellow fever, and the hepatic cells engorged. The *blood* was fluid, and found in left side of the heart and large bloodvessels. No coagulation occurred upon exposure three hours after death. The *stomach* presented the aspect of reddened points and patches on its inner surface, upon scraping away a quantity of blackened mucus. The *brain* was not examined, in consequence of the preparations, which were always hastened for interment. The kidneys were enlarged, the medullary substance changed in color, but not apparent softening.

The whole violence of the disease seems to have been experienced upon these viscera, affecting their integrity in the order of enumeration, viz., heart, liver, brain (?), stomach, spleen, kidneys, and lower intestines. The lungs seemed to retain their normal condition, except some bloody effusion into the bronchia. Pieces floated upon being thrown into water.

The natural history of the symptoms of the disease, for practical purposes, may be gathered from a summary of three classes of cases. I will, therefore, select a typical case to illustrate each one of the following classes, viz.

1. Natural history of the disease, under treatment, with a tendency to death.

2. Natural history of the disease when the bowels refused to respond to the exhibition of mercurial cathartics.

3. Natural history of the disease, under treatment, when the pyrexial condition was more decided.

Type 1.—*Natural History of the Disease, under Treatment, with a Tendency to Death.*

J. M. D. R., æt. 27, of rather delicate constitution, inferior stature and development, was admitted July 9, among the first cases, with pains in the head, and nausea and vomiting. Disease had appeared twenty-four hours before, but no treatment was made use of, supposing the discomfort would pass without becoming worse. As usual during nausea and retching, the head was bathed in cold perspiration. Temperature of body 95° Fahr.

Pulse 70, feeble, and thready. Prescribed mercurial cathartic and quinia sulph., gr. x., ter die. The bowels were not opened by cathartic; repeated dose of calomel and colocy. ex. comp., āā gr. x.

July 10. Bowels opened this morning, but discharges colliquative, and not at all indicating a secretion from the liver. Complains of tenderness and pains in the hepatic region. Repeat quinia sulph., gr. x., this morning. Sleepless at night; skin cool, and delirious at times.

July 11. Nausea continues; skin cool and moist. Temperature 90° Fahr. Apply external stimulation. Stomach rejects everything, and quinia not tolerated. Use aqua creasot., f.ʒj., as required, which relieved the nausea to some extent.

July 12. Still delirious and nauseated. Very feeble, and unable to raise his head from the pillow, on account of producing obscurity of vision, or as the patient tersely expressed it, "everything looks black." Constantly plied with stimulants, internal and external. Milk punch at times rejected. No satisfactory movement of the bowels, and evidently suffering from continuous congestion. Subsultus tendinum and other evidences of seriously disordered nervous action. Applied large blister to epigastrium, and sinapisms to extremities. Applied quiniæ sulph., gr. lx., dissolved in glycerine, to the blistered surface. Tenesmus over stomach less marked; but the sensorial insensibility is exhibited by extreme dulness, and when roused, by delirium, which may account for it. Made use of a large enema of warm oil and salt, with a view of obtaining a fecal discharge, but produced no fecal discharge. Pulse 65, and under.

July 13. Delirious all night; eyes injected and yellow. Has had no febrile action. Head hot, and extremities cold and cannot be warmed without difficulty. Upon producing an impression sufficient to elicit notice, he replied to direct questions. Continue the hydg. chlor. mite and pulv. opii in divided doses, which was commenced yesterday morning. Weaker; pulse irregular and indistinct. Tongue bleeding, and has assumed the cracked, toast-bread aspect. Some of the bleeding from the mouth, apparently from the mouth apparently from the lungs, as it was of a bright-red color. Sordes thickly incrusted on the teeth. From this a gradual failure, and in a few hours death ensued.

Remarks. Before death, consciousness seemed to revive. The patient spoke in regard to the disposition to be made of his body and effects. There were other lucid intervals in his delirium, but his last moments were certainly quite as free from perturbation as during any other period of the disease after cerebral complication.

Throughout the disease, in this case, there was a decided resistance to the action of medicine, and it pursued its course regardless of remedis. Duration of disease five days.

Type 2.—*Natural History of the Disease when the Bowels refused to respond to the Action of Mercurial Cathartics.*

C. C. M , corporal of marines, æt. 37, was admitted August 1st, with some febrile action, having suffered twenty-four hours before admission. Chill seems to have yielded to the reaction; skin hot and dry (calor mordicus). July 31st, took the following: ℞. Colocy. ex. comp., gr. x., calomel, gr. xv. The morning of admission, took twenty grains of sulphate of quinia. Through the day prescribed arom. spts. nitros. to quiet arterial excitement. Latter suspended from sudden disappearance of the febrile action. Tongue covered with dark coating. Pulse is evincing 78, and full.

August 2. Nausea during the night, but took arrowroot and wine. Bowels have not responded to the exhibition of cathartic. ℞. Hyd. chlor. miti, gr. j., opii pulv., gr. ½ every two hours, with a view of producing the mercurial impression. Mind dull; tongue more darkly coated and swollen. The characteristic convulsive twitching of upper lip more or less constant. The latter symptom a grave indication of cerebral congestion. Repeat cathartic of calomel and oil in combination, assisted by large enemata. Slight movement, but unsatisfactory; probably nothing more than the injected fluid.

Aug. 3. Eyes injected and red; mind wandering and dull. Slight hemorrhage from

mouth. Continue mercurial in divided doses.

Aug. 4. Aloe and calomel, āā gr. x., given last night, assisted by large enema, but no movement of the bowels. Sordes upon the teeth, and hemorrhage from the mouth. Nausea and vomiting excessive all night. Large mustard poultice appled continuously to the bowels. Use the creasote water as occasion requires. Repeated the quinia in twenty-grain doses. Skin cool; pulse 70. Mind wandering; violent delirium and congestive symptoms continue. Milk punch every two hours, day and night, as the stomach tolerates it.

Aug. 5. One small black discharge last night, but followed by no relief of the symptoms. Hemorrhage from the lungs and mouth at frequent intervals. Blood bright-red and coughed up in large mouthfuls. Delirious and unconscious. Tendency to death very decided. Died in the evening, and sick five days.

Remarks. But one passage from his bowels during the disease, and that not at all satisfactory. No response whatever to medicine exhibited. No reaction during disease which evinced sufficiency of vital power. Objective symptoms resembled yellow fever, except the bright color of the blood, and in being coughed up from the lungs, instead of a true black hæmatemesis. This case resembled some others in which recovery was complete, although during the first two days, in the latter, there was the most obstinate constipation of the bowels. In those where the cathartic medicine produced a passage, there were most copious watery evacuations, and required astringents and opiates for their arrest. The chalk mixture did all that could be desired.

Type 3.—*Natural History of the Disease under treatment, when the Pyrexial condition was more marked.*

H. M., æt. 36, was attacked, June 29, with cramps in bowels, and fever in the evening. Bowels irregular. Tongue furred, and pains in the head. Disease supposed to have been developed by exposure to rain at Corinto, Nicaragua. Took mercurial cathartic. ℞. Quinia sulph., gr· xx. during the morning. This is the second case of fever.

July 1. Some fever last evening. ℞. Quinia sulph., gr. xv. during this morning.

July 4. Convalescent. Bowels opened yesterday by ol. ricini. Tongue has a thick coating of a yellowish color. Taking arrow-root and port wine, and tr. chloride of iron, gtt. x. ter die. Liver enlarged and protuberant.

July 8. Was discharged, with some debility remaining, but good appetite.

July 20. Patient was re-admitted, under a *relapse* of the fever. Fever began about 4, P. M. Until the fever made its appearance in the evening, an uneasy nervous condition existed, exhibited by twitchings of the voluntary muscles.

July 23. Tongue coated. Bowels moved by ol. ricini, and taking the cit. of quinia and iron. Takes an extra amount of quinia in the morning to prevent a return of the disease. Liver enlarged, and complains of a "hard lump" in this region, which is tender upon pressure.

July 25. No appetite; tongue coated with a dark fur. ℞. Calomel, gr. j., opii pulv., gr. ½, quinia sulph, gr. iij. every three hours.

July 28. Feels stronger. Omit powders and taking the cit. quinia and iron, gr. x., ter die, with chicken broth and milk punch. Complains of flatulence and tenderness about precordiæ. Bowels open daily.

Aug. 1. Pain in abdomen changed to the kidneys, whose secretion is arrested. Use following diuretic solution, ℞. Soda et potassa tart., ʒj , aqua, f ʒiv., ter die. Passed urine at first of a very dark tint, almost the color of porter, and this changed to a yellowish color, and albuminous, with an excess of urates. Traces of bile were afterward discovered.

Aug. 2. Decided return of fever last evening. Second relapse during the course of the disease. This return at the end of nine days. ℞. Quiniæ sulph., gr. xv. ter die.

Aug. 3. Improved. Milk punch and beef-tea diet in liberal quantities. ℞. Cit. quinia and iron, gr. x., ter die.

Aug. 10. To-day discharged from the list, with some debility remaining, and renal pains at times. Treatment completed by use of qui-

nine and whisky. Secretions free, and appetite good.

In the above three characters of this disease, it will be observed that the first two somewhat resemble each other. There was no intermission in the symptoms of these, and they continued without reaction until the fatal termination. In the third type, the malaria seemed to be unable to cope with the natural vitality of the patient, and in this more equal battle the remissions were well marked during the day, and only recurred at night or in the evening. There seemed to be no inflammatory action in any of the cases, but a violent engorgement of some one of the vital organs, viz., first in the liver, stomach, and spleen; and second in the sensorium and nervous centres.

It has been remarked that in some cases there was an effort of nature to bring about a febrile action. Not only was this true, but it occurred at marked and regular intervals, and in not a few instances, I believe, life was saved by taking advantage of these indications. Large enemas of quinia sulph. were administered after the following. ℞. Quiniæ sulph., ʒij., glycerine, f.ʒj., ol. olivæ, f.ʒij., which given at once was retained. The quinia is completely dissolved by the glycerine. The febrile effort was sustained by this method. As is easily understood, in an acute disease so rapid in its course, so soon as the vital force regained wonted tone by temporarily neutralizing the poison, the course of the disease was directed according to circumstances, but usually by large doses of whisky, frequently repeated.

After apparent recovery, and an interval had elapsed of from seven to nine days, there were some twenty of the cases which relapsed, exhibiting a mild remittent fever in which there was much nausea with other febrile symptoms, and great enlargement of the liver which the patients all referred to as a "bunch." These symptoms were relieved by a dose or two of pil. hydg. or hydg. cum creta, and subsequently the use of small doses of quinia, or cit. of quinonine.

As the disease ran on to a fatal termination, it might be said in its continuous collapse to resemble the subintrantis febris of Bellini, in which it was said there was no perceptible interval in the paroxysm. It may be said also, that in the presence of this concentrated malarial poison, and through the influence of continuous terrestrial heat, there is a diseased condition established in which the vital powers follow the increments of heat, and being violently assailed, the usual periodical increase and outline of symptoms are not observable.

Supposing habit, and more particularly the change from night temperature to that of day, to influenc periodicity in malarial fever, we might expect what is really the case, that with a continuous temperature night and day of from 90° to 95°, the febrile action does not display its remittent character to any extent. A fall of the thermometer below 85° or even 90, if the range has reached between 95° and 100° Fah., will in this disease as in yellow fever, so called, produce the collapse. In the latter condition we are able to discover a tendency to febrile action in certain cases in the evening or at night. When this does not occur, the sufferings of the patient are most painful to witness, attended with tetanic spasms and loud groans for help. No cases recovered when the vitality was unable to respond to this last effort of nature. All know the universal tendency of yellow fever patents to die at night. That they seldom die at any other time, in addition to the effect of cooler atmosphere, I firmly believe is owing to this grand effort of nature to establish the febrile action and exhaustive failure. In this respect the fatal cases of our endemic were similar to yellow fever.

It will be inferred from what has been written, that I have no regard for acknowledged distinctions in zymotic fevers. For the student it is highly proper that diseases should be named, and exact knowledge of *grades* could not be obtained without these distinctions. It is useless to dispute that this fever does not in almost as many respects resemble yellow, as pernicious fever; in fact, there is not a single symptom in the former, which cannot find its strong resemblance as shown in this endemic.

It may be said that the stores received on

board from Panama in June, made this an endemic of yellow fever indeed. Yet it is not true that all were not affected alike, and the mortality was but a third of what we might expect in which is known as severe yellow fever. If this was malarial fever, the objective symptoms and post-mortem appearances were strangely similar to yellow fever. If this was yellow fever, the disease was most intimately associated with its class, the bilious remittent and congestive fever.

A more careful analysis of this practical subject will warrant me in extending a little the contemplated limits of this article. It is necessary to observe that this is what was called the yellow fever throughout Nicaragua, and was very fatal. It was epidemic in the usual acceptation of that term, somewhat illy defined for practical purposes, except in contradistinction to contagion. The black vomit was substituted by copious expectoration of bright red blood. It is true that being a native of Nicaragua did not protect them from suffering and death, and it is equally true that the disease was remittent in its character to a certain extent. Can it not be that this is a gradation of fever and an intermediate point between undoubted yellow fever and severe congestive malarial fever? The symptoms of the disease, relation of the ship to the surrounding country at the time of the outbreak, the post-mortem appearances, and the employment of quinia so successfully in arresting the symptoms when called in time, induce me to believe that the diseases have the same paludal cause, influenced by different agencies, atmospheric and putrescent, directing the intensity of the various grades.

All the characters of epidemic and malarious fever have certain points of resemblance as every experienced physician knows, and are all grouped under the common generic *fever*, only to demonstrate for the millionth time the embarrassing difficulties of the great subject, as remarked by Dr. J. R. MARTIN. I believe we have some coloring of the yellow fever in this endemic and that this history can be fairly taken in evidence that the outbreaks of yellow fever can be considered nothing more than intensified malarial fever, where the poison has been lodged on suitable soil, and which spreads away from its origin, supported by terrestrial heat, of not less than 90° Fah. In my experience it may be generated and spread less extensively, with a temperature of 85° Fah.

This doctrine is not peculiar, but all of the medical officers of both the U. S. Navy and the British Navy, of any experience, with whom I have conversed on the subject, hold the same opinion. We may go back to the valuable experience of WILLIAM FERGUSON as long ago as 1796, who in writing, regarding the expedition to St. Domingo, "as one of the survivors of that war" says:—"Our headquarters were the town and its adjunct Brizoton, as pestiferous as any in the world; and here we had constant yellow fover in all its fury. At a distance of a mile or two on the ascent up the country stood our first post of Torgeau, where the yellow fever appeared to break off into a mild type of remittent. Higher up was the post of Grenier, where concentrated yellow fever was rare and milder, intermittent with dysentery prevailed; and higher still Fourmier, when remittent was unknown, intermittent uncommon, but phagedenic ulcers so frequent, as to constitute a most formidable type of disease, and higher still were the mountains above L'Arkahaye of greater elevation than any of them, far off, but within sight of what was called the Bight of Leogane, where a British detachment had always enjoyed absolute European health, only it might be called better, because the climate was more agreeable than in higher latitudes."

The opinion above expressed is also that of FRANK. Yellow fever being called continued, the reduced temperature of the body, etc., may be considered as the effect of one prolonged paroxysm, while we witness in the milder form, the remittent character, but in which the diminished danger consists in the reduction of the sharp paroxysm to the shortest period of time. We must not disregard the truth which has also been drawn from large experience that highly congestive remittent fever, among patients or persons closely crowded, where ventilation is insuffi-

cient and cleanliness is neglected, (as may happen on board ship, in garrisons or prisons,) may become so changed in its character as to become epidemic. From a continued recurrence of the disease we probably have a specific poison produced. Dr. Alison remarks, regarding the identity of cause producing yellow and pernicious fever, that "we should have some difficulty in believing that mild scarlatina simplex had any alliance with the malignant sore throat with little or no eruption, if repeated observation had not demonstrated the transition stages." And also "what more unlike, than the mild quotidian, and the pernicious intermittent which kills in a single paroxysm?"

The foregoing facts we lay before the profession, not for the purpose of breaking down established landmarks or reviving past controversy, but to understand and be fully understood by those whose experience will allow them to reflect; to contribute a record obtained from observation made among masses of men among whom I lived, and with whose habits I was perfectly familiar; to declare after careful reflection and not a little experience in these malignant fevers, that yellow fever is no more or less than intensified malarial poison acted on by some existing septicæmia, which exists at the point of origin, and is capable of developing the malarial poison into a malignant epidemic. It seems to me this can do no violence to any nosological arrangement. For us to accept a common cause for them would require no change of name for an unnamed poison, and the medical world might be benefitted by not being misled by names.

Hæmorrhage after Extraction of Teeth.

A correspondent of the *Lancet* writes, "troublesome hœmorrhage sometimes follows the extraction of a tooth. A case of this kind occurred a short time ago, in which bleeding continued for six or seven hours, until it was stopped by the following treatment, the effect of which is immediate and permanent, and gives no pain. I have treated five cases in the same manner:—Soften a bit of white wax, and mould it into a conical shape about an inch long, and press it into the cavity, at first lightly, and then very firmly, so as to fill it. Cover this with a thick pad of lint, to retain it in its place, and bind the jaws together for a few hours with some kind of bandage."

Hospital Reports.

Jefferson Medical College,
Philad., Sept. 12th, 1868.

Surgical Clinic of S. W. Gross, M. D.

Reported by Dr. Napheys.

Torticollis.

Mary Q., æt. 16, presents herself on account of a peculiar distortion of the head and neck, due to spastic contraction or shortening of some of the cervical muscles, particularly the sterno-mastoid and spleinus, through which the head is twisted over to the corresponding side, and the chin thrown in the opposite direction. This condition is known as torticollis, caput obstipium, or simply wry-neck

The head inclines strongly to the right side; the occiput is drawn toward the shoulder, while the chin projects upward and forward toward the opposite side. The neck is markedly concave on the right side, while it is proportionably convex on the left. The head is immovably fixed, so that the patient is obliged to turn her whole body whenever she desires to look at any object not directly in front of her. The sterno-cleido-mastoid muscle, in particular, is much shortened, rigid, indurated and diminished in size, and stands out in bold relief, both its sternal and clavicular origins being equally involved. In fact, structural changes have taken place, through which its fibres have undergone fibro-fatty degeneration. The corresponding side of the face is not nearly so well developed as the sound side, its proper nutrition having been interfered with, giving rise to a very disagreeable expression, on which account she is twitted by her companions, forcing her to apply for surgical relief.

Inasmuch as the affecton has existed for sixteen years, it cannot be due to the action of a single muscle, so that other factors must play an important part in the mechanism of the deformity. If the sterno-cleido-mastoid muscle were alone involved, the head would be merely flexed toward the same side, but as the occiput is drawn toward the corresponding shoulder, and is rotated upon the altas, so as to carry the chin upward and far beyond the middle line toward the opposite side, it is obvious that the splenius and trapezius, but principally the former muscle, must combine with the sterno-mastoid to produce the trouble. The affected side of the neck being concave, while the sound side is convex, there is every reason to suppose that the malposition is kept up by the contraction of the scaleni muscles,

which, acting from below, draw down the transverse processes of the cervical vertebræ, thereby increasing lateral flexion of that portion of the spinal column.

Were it possible to make a dissection of this neck, it would be found that not only the foregoing muscles, but the integuments, the platysma, the deep cervical fascia, and the ligaments, were permanently shortened, and, what is of more importance in the treatment, the relations of the articular surfaces of the vertebræ were altered, in fact, rotated upon themselves. In these respects, wry-neck offers a striking resemblance to talipes varus or valgus, in either of which affections there is not only contraction of certain muscles and fasciæ, but the tarsal bones are rotated upon their axes.

The trouble in the present case may be traced to a vicious position of the head. At the age of nine months, Mary was affected with painful enlargement of the lymphatic glands beneath the sterno-mastoid muscle. In order that pressure might be removed from these glands, she flexed her head to the right, and in this way a bad habit was acquired, which gradually and imperceptibly increased until structural changes took place in the muscles. In the same way, the existence of an aneurismal tumor, which displaced the sterno-mastoid muscle, produced the affection in Eliza H., who was presented at the last clinic

Wry-neck may be congenital, but in the vast majority of instances it is an acquired affection, and each case must be studied and treated with special reference to its causation. It may, and often does arise from rheumatism, in which event the subcutaneous injection of a minute quantity of sulphate of atropia, as practised by Dr. Da Costa at the Pennsylvania Hospital, holds out excellent prospects of success. Dr. Gross is aware of one case of this nature, in which two applications of the galvanic battery resulted in cure. The electric current, when combined with other appropriate measures, will also be found useful when the affection is of paralytic origin. In strumous inflammation of the cervical vertebræ or Potts' disease, wry-neck is merely a symptom, and the the treatment must be addressed to the spinal trouble.

In order to remedy the distortion in the present instance, the sterno-cleido-mastoid muscle will be divided subcutaneously, and an apparatus at once applied, to prevent the cut ends of the muscle from re-uniting, as well as to overcome the shortening of the associated ligaments, fasciæ and muscles. This apparatus will be worn for many months, the great object in its application being to act upon the changed relations of the articular surfaces of the affected vertebræ. In a case of such long standing, tenotomy must precede the mechanical treatment, since the structural changes which have taken place in the muscles and other soft tissues are of such a nature that they cannot be overcome by any form of extending apparatus. Then, too, the subcutaneous division of the shortened structures greatly facilitates the cure, and an operation which requires only a few seconds for its performance, at once effects what months of mechanical treatment could not possibly bring about.

The sterno-mastoid muscle was divided subcutaneously about three quarters of an inch above the sterno-clavicular articulation. The clavicular origin of the muscle was next cut, it being deemed advisable to divide the two origins separately, as they lie in different planes. In this way, the plexus of veins seated immediately beneath the muscle are best avoided. The operation is one of great simplicity, the only important structure which is at all endangered, being the external jugular vein, as it lies along the outer border of the muscle. This may always be avoided by the exercise of a little care. In addition, several resisting, shortened bands of the deep cervical fascia were divided. The apparatus being now applied, very great improvement was at once manifest.

Sanguineous Tumor of the Scalp.

This child, æt. two years, has a swelling, the size of a pigeon's egg, over the left frontal boss, about an inch above the eye brow. It is a soft, circumscribed, and somewhat conical tumor, which made its appearance immediately after a fall upon the pavement, in which the forehead was struck, three weeks ago. There is fluctuation and a slight brownish discoloration of the skin, but no pain nor any preternatural heat.

Judging from the history and appearance of the case, there is no doubt but that this is a bloody or sanguineous tumor. Blood may be effused, either in the subcutaneous areolar tissue, beneath the tendon of the occipito-frontalis muscle, or between the pericranium and the bone. When met with in the last situation in children in contact with the bone, the tumor occurs as a congenital affection, known under the name of cephalæmatoma. It is produced by the passage of the child's head through the soft parts of the mother in parturition. In such cases the blood is occasionally effused over the whole scalp, giving the idea of hydrocephalus.

In this instance, the blood is seated in the loose cellular tissue beneath the epicranial apo-

neurosis. It is not an arterial tumor, as it is not the seat of any pulsations.

Such tumors will, as a rule, disappear without any operation, under the influence of some sorbefacient lotion. The following was ordered.

℞. Ammoniæ muriatis, ℥j.
Aceti,
Aquæ, āā f.℥vj. M.

to be applied constantly on a piece of soft muslin, linen or flannel.

Sometimes, however, the blood is not absorbed, and the cellular tissue immediately around becomes condensed and forms a cyst. In that case the proper treatment is to introduce a tenotome, or delicate abscess knife, and let out the fluid blood, afterwards making use of compression to approximate the sides of the sac. The blood in these tumors generally coagulates rapidly, and is absorbed in the same way as apoplectic clots; first the watery portions, and then the red corpuscles disappear, and the fibrin contracts.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Subject for Discussion:—Puerperal Convulsions.

A conversational meeting of the Society was held at the Hall of the College of Physicians, on Wednesday evening, October 14th, 1868, Dr. Hamilton, President, in the chair.

Dr. Wm. B. Atkinson, in his introductory remarks on the subject for discussion—Puerperal Convulsions—said:

The disease which has been selected for discussion this evening will ever remain one of absorbing interest, not only to the obstetrician, but to every humanitarian, inasmuch as it is eminently prone to attack those dearest to us at the most interesting moment of their existence. In any form, or at any time, a convulsive attack brings terror to all who witness it, but here it is doubly terrific, imperilling, as it does, the lives of two, and being extremely liable to destroy, or at least materially impair the mind of one to whom, it may be, many look for guidance and tender care.

The true puerperal convulsions may attack the pregnant female at any time after the sixth month from conception, during parturition, and even some time after delivery has been fully accomplished. Lee denies that it ever occurs prior to the sixth month, regarding these spasmodic attacks, which are occasionally observed at an earlier period, as merely hysterical.

It is most frequently encountered about the inception of labor, when the patient, especially if a primipara, is entering upon a scene which her imagination too often peoples with unknown horrors. The age most liable, according to Bedford, is between seventeen and thirty-five.

The causes, or at least those supposed to be active in promoting an attack, are various, and may be treated of as predisposing and exciting. It is a well known physiological fact, that the nervous system of the pregnant female is vastly increased in its susceptibility; whatever then tends to depress the mental faculties, or to arouse them to a high state of excitement, is calculated to induce that condition of the brain and its appendages, resulting in convulsions. Hence, we find that those who approach delivery under adverse circumstances, where the offspring is the result of illicit intercourse, etc., become, in a majority of instances, the prey of nervous trouble, ending with a spasmodic attack. Perhaps the most potent predisposing cause, which in fact by many authors is regarded as ever present in the true form of puerperal convulsions, is the presence in the blood of poisonous matter, producing the condition of toxæmia, more generally known as uræmia. From this state is obtained the name of "Uræmic Eclampsia." Those who deny the inseparability of albuminuria and eclampsia, prefer the name of "puerperal eclampsia." Carl Braun, alluding to the presence of blood-poisoning says: "We are far from denying that the most different causes may, during pregnancy as well as out of it, produce phenomena closely resembling those of uræmic eclampsia, but after a careful examination of literary and statistical observations by myself and others, I think I am entitled to maintain my assertion, that as a rule, *eclempsia vera puerperalis* is found intimately connected with *diabetes albuminosis*.

Scanzoni alludes to Frerichs as saying that the "true *eclampsia parturicentium* is only produced in those females presenting disease of the kidneys, and he attributes to the same causes that determine the coma and convulsions in Bright's disease, the production of the eclampsia of the pregnant female." Scanzoni says, "according to our experience and that of many others, the urine contains a large quantity of albumen in all females attacked with eclampsia. There are also found the characteristic fibrin cylinders, which give rise to the supposition of renal degeneration, as a sequel to which, carbo-

nate of ammonia is produced in the blood. Thus modified, the blood irritates the cerebral parts of the nervous system, and favors the production of convulsions. But we will not go so far as to pretend that eclampsia is never present without albuminuria; we think that in a great number of cases uræmia does not alone suffice to explain all the eclamptic phenomena, and that it is necessary to admit the existence of another cause acting upon the brain or the spine."

Many other authors, especially the American and English, appear to adopt the views held by Scanzoni.

Among the numerous exciting causes have been quoted gastric irritation, as when the sickness of pregnancy has been persistent and distressing. Over distension of the uterus, as when there is an inordinate amount of liquor amnii, or a pleural pregnancy, has also been mentioned as an exciting cause, by Hamilton and others. Though the lecturer has encountered both the above quoted causes in very many cases, yet he has failed to see them followed by convulsions, and therefore does not believe with so many that they can produce the eclamptic attack without the presence of a more potent and predisposing cause. Cases are mentioned as resulting from fright, injuries, nervous shocks, etc. Bedford mentions a case as solely the result of irritation of the bladder, the convulsions being relieved by quieting an attack of strangury induced by the employment of a blister for a pneumonia in a pregnant woman.

The presence of indigestible matters in the stomach and bowels, or their over-distension, have also been regarded as provocative of convulsions, and speedy relief has followed expulsion of the offending substances. Instances have been adduced where the attack seemed to have been due solely to an extreme irritability of the vagina and os uteri.

Primiparas are far more liable to this affection, and among multiparas it is generally found that those attacked have similarly suffered in previous labors.

This affection occurs about once in over 600 pregnancies. The prognosis is grave, death occurring in about one-fourth of the whole number affected. The inception of a convulsion generally seals the fate of the fœtus.

Carl Braun says as to the symptoms of uræmic eclampsia: "It is distinguished by quick repetition of the fits, and complete insensibility during the fit, as well as generally during the interval. The face and neck appear swollen during a paroxysm; the eyelids are prominent, and open or closed; the eyeballs exhibit quick rolling motions, in the most different directions, or are fixed in an upward stare; the vessels of the conjunctiva are mostly injected; the mouth is at first widely opened and distended; the tongue is protruded, then trismus follows, in which, if proper care be not taken, the protruded tongue is often bitten through, and hence a bloody foam often flows out of the mouth. In the muscles of the face lively distorting convulsions are observed, whereupon the upper extremities get bent, the trunk is twisted to one side, and then all the extremities are thrown into jerking motion. Respiration often ceases altogether for many seconds. The carotids show strong pulsations, the veins of the neck and face swell on account of stoppage of the blood from muscular spasms. The color of the face is cyanotic; all the muscles of respiration, especially the diaphragm, are in a state of contraction, and in consequence of this, asphyxia may occur. The urine and fæces are involuntarily excreted. Vomiting rarely precedes the first fit. The skin remains dry, or may be covered with perspiration, and its temperature is either increased or diminished. The reflex sensibility is suspended during the fit. The pulse is frequent or slow, the arteries are large or small." Then follows coma, of greater or less continuance, with impeded respiration; at first stertorous, and generally complete unconsciousness and insensibility. The convulsion continues commonly half an hour; rarely longer than one or two hours. Death may be the only termination, though more generally a remission occurs; all the symptoms are mitigated or disappear, though consciousness is rarely completely restored, and when it is, the patient remains in utter ignorance of what has occurred. Now the patient complains of a dull, heavy feeling in the head, sometimes amounting to headache, with great langour, all of which is generally followed by a renewal of the fit. Instances are related of an incredible number of fits in a day, but usually death or recovery follows a few fits. The disease may terminate in either complete recovery, puerperal fever, mania or death.

The above symptoms, it must be remembered, are solely those of uræmic convulsions, and are, in a majority of instances, preceded by certain prodromic symptoms, as a dull headache, confusion of the brain, tinnitus aurium, more or less complete loss or derangement of vision, etc. They may all be present, however, in an exaggerated form, and yet without the sequel of convulsions.

In regard to the treatment proper to be instituted during an attack, the most diametrically opposite methods have been pursued. Until within a comparatively recent period, venesection was regarded as the only remedy proper to be employed from the inception of an attack, until either the patient or the convulsions had succumbed. There still remain those who, while deprecating venesection in nearly every other malady, yet most positively urge its employment as the only means of safety in these convulsive attacks.

Since the discovery of anæsthesia it has been claimed that the inhalation of ether or chloroform is always preferable, and more certain to lead to beneficial results.

Dr. Atkinson then proceeded to present the views of the prominent authorities of the present day.

Braun, of Vienna, considers venesection as not only useless but dangerous, believing it often induces a continuance or renewal of the convulsive attacks. He says "the chief object is to diminish the reflex excitability, weaken the paroxysms and gain time. Chloroform narcotism has given results surpassing all expectations." It should be induced instantly, when indications of a paroxysm are shown, and kept up until quiet sleep follows. When impossible to prevent the paroxysm, the inhalation is not to be kept up, but free air should be allowed to reach the lungs. In sixteen cases treated complete recovery followed. He quotes Simpson, Channing, Seyfert, Scanzoni, and a number of others in confirmation of these views.

Bedford speaks most guardedly as to venesection, only advising it in cases where the most positive symptoms of plethora are present.

Tyler Smith says the latest experience is against excessive venesection, and indeed against it at all, except in patients of a full habit, and then only a single venesection at the outset.

Churchill is equally guarded as to bleeding, and strongly favors anæsthetics, and counter-irritants. He regards opium as highly beneficial when the fit continues after delivery, and combines it with nauseating doses of tartar emetic.

Scanzoni counsels free general and local bleeding when the patient is robust, and there is every evidence of cerebral congestion. Also cold affusions to the head and opium internally to the extent of narcotism. He ordinarily gives one-eighth to one-fifth grain of acetate of morphia in an injection of twenty or thirty gtt. of laudanum, repeated every half hour, until the patient sleeps profoundly.'

If the attack has occurred prior to delivery, all authorities agree that the accouchement should be terminated, if this be possible, without too much disturbance of the patient. Craniotomy, or even incision of the os uteri when not dilated or dilatable, have been reccommended by good authority.

It behooves the attendant to see that the attack is not kept up by a loaded bladder or rectum. Croton oil has been regarded as a potent remedy.

In regard to prophylactic measures—When the symptoms of uræmia make their appearance, Churchill advises brisk purgatives, venesection, or cupping of loins, small doses of tartar emetic or diaphoretics, moderate exercise and a regulated diet. Frerichs, Litznan, Braun, counsel the use of acids freely, especially the benzoic (in five to ten grain doses) to neutralize the carbonate of ammonia formed in the blood by the decomposition of the urea.

All agree in reccommending good diet, tonics, and the various feruginous preparations, when symptoms of anæmia are present.

Dr. Maclagan, of Edinburgh, suggests the administration of colchicum, on account of its power of increasing the amount of urea in the urine. From the experiments of Krahmer, of Halle, and Hammond of our own country, the superiority of colchicum over all other diuretics is abundantly proven.

Dr. Atkinson, in conclusion, stated, as a summary of the views held by a majority of the best authorities, that true puerperal convulsions are dependent upon the presence of a blood-poison. Blood-letting is only admissible in cases accompanied with plethora, cerebral congestion, etc. Anæsthesia, either by ether or chloroform, gives the best results, and is especially indicated for the relief of the convulsion. Free purgation promptly instituted, materially aids the unloading of the congested brain and medulla oblongata. Diaphoretics and diuretics aid in the same way, and also carry off the poisonous element.

Discussion.

The President, Dr. Hamilton, said that he had met with but three cases of genuine puerperal convulsions (the affection not occurring very often.) Many years ago, while practicing in the country, he encountered his first case. It occurred neither previous to, nor during labor but the day after. The woman had had an easy and rather rapid accouchement. Not arriving

in time to supervise it, everything was done by a neighboring woman. The patient was remarkably robust, of large frame and very muscular, with a strong, excellent pulse. She sustained during labor no sanguinous loss of serious character. The doctor stopped next day to see her. Her sister appeared at the door and, in great alarm, stated that the patient had just had a fit. Fourteen ounces of blood were taken. It was not possible to ascertain certainly whether the convulsion was hysterical or puerperal, but the impression made was that it was of the former character. On his way home the doctor was overtaken, while making another call, by the husband, who desired him to return immediately, saying that his wife had again been seized with a very bad fit. The doctor was assured by a lady, who had been summoned, and arrived just in time to witness the second attack, that it was precisely similar in appearance to a fatal case of puerperal convulsions she had previously seen. Sixteen ounces of blood were taken from the arm. Within twenty minutes she complained of feeling very strangely about the head, and was instantly seized with a third puerperal convulsion. Another vein in the same arm (in addition to reopening the first bled from) was opened, and the bleeding continued until, with the previous blood-lettings, a total of about eighty or ninety ounces of blood was obtained. She had no return of the fit, and no unpleasant symptom afterward.

In the last case seen, the convulsions happened before the delivery of the child. It was a first confinement, and a severe and protracted labor. The suffering of the young woman, who was slender and rather delicate, was great, but not more so than is frequently seen. She had four or five convulsions, which were violent, but not of such extreme force as in the case alluded to in the country. Bleeding was not resorted to in this instance. Relief was sought for in the delivery of the child. The labor was hastened, and with the expulsion of the child the convultions ceased.

These two cases are very unlike, and the treatment should also be dissimilar. In the first, the convulsions occurred in a stout healthy woman, twenty-four hours after confinement. The indication seemed to be to remove the great apparent pressure upon the brain; and for this purpose bleeding was resorted to. In the latter case, there was nothing demanding this procedure. The woman was not robust and had habitually a rather weak pulse. The convulsions seemed to be caused by reflex action, from the pressure of the head of the child on the nerves of the pelvis. The indication, therefore, was to get rid of this pressure by delivery, and in the mean time to use something of a calming character, as chloroform and moderate doses of morphia. No intelligent physician would treat such cases of puerperal convulsion in a similar manner, dissimilar as they were, in reference to the circumstances under which they occurred, or, as regards the constitution of the patients.

Dr. Laurence Turnbull stated that he had had three cases of this affection in his own practice, and had seen one in consultation. The first was that of a stout, robust, colored woman, in her first labor. Just as the head of the child was about extruding, she passed into a convulsive state, in which she remained for about an hour or so. A vein was opened in her arm, and she was bled to the extent of thirty-two ounces. The bleeding moderated the convulsion. Labor ceased for a time, but after a while set in again, and she was delivered. Then the convulsion returned, but in a milder form. She was cupped freely, and her bowels opened by a stimulating injection. She made a good recovery.

The second case was in the person of a little, delicate French woman in her first labor. The labor had made scarcely any progress, there was no dilatation of the os, but she was in active convulsive movement all the time. She did not look as if she could bear bleeding. Leeches were applied, and the colpeurynter of Carl Braun used, filling it up gradually: but each time it was extended, there was an increase in the convulsive movements. This process of dilatation was kept up for nearly twelve hours, the convulsive movements continuing more or less forcibly all the time. It was not until the following day that she was delivered of a dead fœtus, and it was only then that the convulsive movements ceased. She made a very slow recovery. It was a long time before she was able to be about.

The third case occurred in the wife of a dentist. She was not very strong; had been a school teacher. During her pregnancy she suffered much from the irritant character of her urine. Efforts were made to correct this by the use of aperients and bland diuretics. Three months before labor should have set in, she was taken with a convulsion, and although every attempt was made to remove the fœtus, which was of large size, she died of apoplectic effusion, for the seizure in this instance resembled true apoplexy.

The fourth was seen in consultation. Convulsions set in previous to delivery, and continued

afterward. Chloroform, ether, cupping, and leeching, were employed without success. She died in one of the paroxysms.

Thus two cases, out of the four, resulted fatally.

Dr. Burns stated that in his attendance upon nearly three thousand cases of labor in the last thirty years, he had met with at least twenty cases of puerperal convulsions. From his first encounter with this affection until the present moment, his main dependence, his sheet-anchor, has been the lancet. It has been invariably in his pocket, and it may be safely said, that numbers of lives have been saved by its use. When a lady is approaching her last period of pregnancy with the venous system congested, with every organ compacted with blood, no remedy can be so safely employed as blood-letting. No time is to be lost by the use of other remedies, when death is staring the patient in the face. When he has found the large vessels fully engorged, the jugular veins distended, the conjunctivæ injected, and the uterus and vagina cold, he has bled in every case, sometimes profusely, and has never regretted it in a single instance. Under such circumstances it has been impossible for him conscientiously to withhold the lancet. In some cases, in the last stages of labor, delivery by the forceps or hand, has been resorted to, in which cases, the convulsions generally, though not always, ceased after delivery. Where the female is weak and anæmic, where the vital powers are slight, the lancet has not been thought of until there was evidence of such severe congestion of the brain as to render its use imperative. But where there is a reasonable degree of plethora, the lancet should be unhesitatingly employed. When convulsions occur after the birth of the child, there is seldom any reason for alarm, as the causa morbi has been removed.

About six weeks ago, Dr. Burns attended a case of labor in a woman whom he had delivered in her prior confinement. As she had had convulsions in her previous labor, and had been for a long while in an anæmic condition, associated with a disordered state of the urine, he watched her carefully during parturition, frequently interrogating her as to dimness of vision, buzzing of ears, etc. Everything went on favorably until after the delivery of the child. Scarcely had it been disposed of before a convulsion occurred. This occasioned no alarm however. Neither blood-letting nor leeching was employed. Ether was freely administered, inducing a quiet sleep for half an hour, from which she awoke feeling well.

Although there may be some cases sufficiently mild to bear other treatment, in well developed severe puerperal convulsions, the lancet should not be withheld.

Dr. Nebinger said that he had seen only a few cases of puerperal convulsions, and of that few had lost some.

The first case he was called to was in the person of a very delicate lady of tuberculous habit. She had reached her eigth month of gestation. It was in the summer season. He had seen her but a few days before for some slight ailment, and had then given her very special directions in regard to her mode of life, particularly her diet, which unfortunately were lost upon her. On a Sunday she ate heartily of a late dinner, consisting in part of corn and of watermelon. About two o'clock in the morning he was sent for, and found her in a convulsion, which was said to have been the third one. She was bled to the extent of about twenty ounces. The bleeding had the effect apparently of modifying the convulsions, for those which followed were of shorter duration and less violent. One convulsion, however, followed another, notwithstanding other means were had recourse to. She had before his visit vomited a large quantity of undigested food. An emetic was, however, administered. She was also cupped, and the cupping certainly modified the convulsions, increasing the interval between them. At the suggestion of the consulting physician, means were taken to bring on labor. A dead fœtus was removed, but the case went on from bad to worse, until finally death closed the scene.

The next case he encountered was that of a lady in her first labor, apparently in good health. She complained during the labor of headache, sharp pain darting with violence through the brain. The expulsive pains had been in existence for perhaps half an hour, when suddenly, just as a pain was developing, she gave a terrible scream. The first impression, seeing the swollen condition of the neck and the purple lips, was to bleed, to save her head from rack and ruin. Her arm was quickly prepared, and she was bled freely. While the bleeding was in progress, the forceps were sent for, and by the time it was completed they were in the room. They were applied, notwithstanding that the head was still encircled by the os uteri. She was delivered of a living child, and had no return of her convulsions.

Almost an analagous case, in some of its aspects, occurred in the hands of another physician, a gentleman holding a professorial chair.

The patient was in her first labor. Dr. Nebinger was sent for by the attending physician, to assist him in the management of the case. Directly after his arrival, it was early in the morning, the lady had a convulsion. She had had four or five anterior to that time. As soon as the convulsion was over, an examination per vaginum was made, and the head was found involved in the os uteri. A doubt had existed in regard to the propriety of bleeding, from the fact that the lady was very delicate in her conformation and in feeble health, having suffered considerably during the entire period of her pregnancy. Dr. Nebinger counselled blood-letting, and a vein was opened. She was bled freely, taking into consideration her constitutional vigor. One convulsion followed the bleeding, and that, it was observed, came on with a pain. This was regarded as an important indication. Another examination indicated that the head was still involved in the uterus, and again hesitancy was felt in regard to introducing the forceps, because of the teaching of a gentleman of great distinction, that the forceps should never be applied inside the uterus. A little reasoning forced the conclusion that this teaching must be disregarded. The forceps were applied by the attending physician, and the child delivered. There was no return of the convulsions. The patient survived; the babe was dead.

A little more than a year ago, Dr. Nebinger was in attendance upon a pregnant lady, who had marked general œdema. Unfortunately he was not apprized of her condition until late. Treatment was then commenced, and the effusion of water considerably reduced. Still œdema was present. When seen in the afternoon at four o'clock she was sitting up, suffering from slight labor pains. It was her full term. She complained of headache, which was not, however, very decided. About eight o'clock the husband came to Dr. N.'s office, and his anxious face showed there was trouble at home. The nurse, he stated, said his wife had convulsions. On entering the lady's chamber he found her lying on the floor. She was immediately after his arrival seized with a terrific convulsion, which seemed as if it would be her last. The jugulars were distended, the lips cyanosed, and the face discolored. She was placed on the bed; a vein was opened, and about twenty-five ounces of blood taken. She had one convulsion after the bleeding, but it was very much lighter. The membranes had been ruptured, and the os uteri was well dilated, but still encircled the head. The forceps was applied, and she was delivered of a living child. She made a good recovery.

Dr. Nebinger stated that it was not necessary to give a history of all his cases. The treatment of those given, was the treatment relied upon by him under similar circumstances. The Doctor said a case of puerperal convulsions presents to him the following indications, viz., relief of the brain, and relief of the uterus. Any one who is convinced that the suffering incident to the contraction of the uterus, has something, perhaps much to do as an element in renewing the convulsions after the attack has set in, will see plainly, that it is his duty to remove the contents of the uterus as speedily as possible, and thus get rid of that exciting element. Observe the patient writhing in a convulsion, mark the distended condition of the jugulars, see the leaden hue of the face and the cyanosed condition of the lips, diverge the eyelids, and notice the congestion of the conjunctivæ. Is it not possible, is it not more than possible, even probable, that the meninges of the brain, and the brain itself, would, if it were possible to lay the parts bare and observe them, present precisely the same condition of congestion as is seen in the face, lips and eyes? And would not this condition itself implore a prompt and decided relief of the congestion? How and when should this relief be afforded? Certainly we should not delay until the brain had been teased and tormented for hours in this manner. Not only should the relief be prompt, but also decided, and a sufficient amount of blood removed to prevent any damage being done by the congestion existing during a convulsion. What harm can come from a reasonable bleeding? Does any one know of a patient, who had puerperal convulsions, dying from exhaustion produced by such bleeding?

Bleeding having been resorted to for the relief of the congestion, what is to be done next? There are other modes of relieving congestion besides bleeding. Act freely and positively upon the alimentary canal; encourage as much as possible, free and abundant circulation to that portion of the body; use it as a means of depletion. For this purpose active cathartics should be employed, as croton-oil in large doses, from three to four drops. This article not only evacuates the bowels of their contents, but sets up an exosmotic action, by which the watery portion is removed from the blood, and circulation equalized. The convulsion over, repose and rest will be indicated. Opium will also be of service. Its value has been endorsed by a majority of

those who have written upon puerperal convulsions.

Dr. N. said, a close and analytic study of puerperal convulsions at the bedside, forced the conviction upon him, that the strongly-marked indications for treatment were always, full and decided general depletion followed sometimes by local depletion, with cups applied to the base of the occiput; active purgation with croton oil; the ice cap; the delivery of the child at the first opportune moment; and the employment of opium after the convulsions have been controlled.

Editorial Department.

Periscope.

Carbolic Acid in the Treatment of Warts, Pityriasis Versicolor, and Favus.

Dr. P. W. H. Jones, of Liverpool, writes to the *London Lancet*:—"Some months since, I treated, with a strong spirituous solution of the acid, a considerable crop of these growths on the head of a patient of mine with the most marked success. I have likewise found it eminently curative in the treatment of favus, pityriasis versicolor, and chronic vomiting, in which the presence of sarcinæ was detected, and in several other diseases having a cryptogamic origin.

"During my sojourn in Paris in the year 1865, carbolic, or, as it was then named, phenic acid, was extensively employed by several of the most eminent physicians in that city, in the form of inhalation, in the treatment of phthisis and chronic bronchitis, under the belief that the above diseases, if not caused, were certainly aggravated by the presence of one or other of the many parasites to which the human body is liable, as would appear from the recent investigations of the many able men who have directed their attention to the parasitic origin of disease.

"From the experience I have had with carbolic acid as a remedial agent, I am inclined to estimate it as holding a very high position in our materia medica."

Pyrethrum for Scabies.

The *Pacific Med. and Surg. Journal* says:—"Flea powder" is composed of the flowers and leaves of *Pyrethrum Roseum* and probably of *P. Carnosum*, very finely powdered. It is not commonly fatal to insects, but appears to annoy and stupefy them. If the article be recent and properly prepared, it is decidedly efficacious. When scattered in the track of ants, it is said to drive them away with certainty. A druggist of this city informs us that he keeps his store almost entirely free from flies by dusting it occasionally on the wall and windows, in places where they are accustomed to alight. The insects disappear when they get the powder in contact with their bodies. It is said that when burnt in small quantities in a chamber infected with mosquitoes, it destroys them or drives them away. A tincture of the plant, made with dilute alcohol, is recommended as a cure for scabies. The application is said to give prompt relief from itching.

Case of Early Pregnancy.

Dr. Horwitz was called to a pregnant girl who had scarcely reached her twelfth year, and of whose age there could be no doubt. The menses first appeared during her tenth year, and continued regularly. She went through her pregnancy very comfortably. The pelvis was well formed and capacious. The labor proceeded very favorably, and terminated in ten hours with the birth of a strong living male child. She went on very well, and had a plentiful secretion of milk. References are given to other remarkable cases of the kind on record.—*St. Petersburg Med. Zeitschrift*, 1867, No. 9.

Reviews and Book Notices.

NOTES ON BOOKS.

Juvenile Literature of a periodical kind seems to have obtained a wonderful popularity, since Ticknor & Fields, of Boston, flung to the breeze the banner of "*Our Young Folks*." The immense circulation attained by that excellent monthly, and afterwards by its worthy rivals in excellence, the *Riverside Magazine*, *The Children's Hour*, and the *Little Corporal*, has stimulated other parties to enter the field. We have before us the Prospectus of a new enterprise of the kind, to be edited by Capt. Mayne Reid, and published by Carleton, of New York. Its title is "*Onward*." We trust it will be so, and that it will carry to our homes, *not* light, trashy literature, but such as will tend to better prepare the little readers for the battle of this life, and to point out to them the path which leads to that which is to come. The Prospectus opens thus bravely:—"'Onward' along the track of civilization—on toward goodness and glory—a finger-point, pointing to all that is worthy of attainment—a guide to conduct the youth of America along that path leading to the highest and noblest manhood: such is the design of Mayne Reid's Magazine."

Dr. J. F. Weightman, of this city, has recently published a translation of an article by Prof. Dr.

Arlt, of Vienna, from *Der Bericht ueber die Augen Klinik*, on Retinitis Nyctalopia. (Lindsay & Blakiston, pp. 23.) It is an admirable summary of the symptoms, diagnosis, and treatment of this disease, which it seems to us is more common in this country than it appears to be in Austria. At least in the army it was certainly not very rare, and did not seem to require the persistent treatment here recommended.

Among recent French medical works of interest are Dr. J. Jeannel's "On Prostitution in large cities in the nineteenth century, and the extinction of venereal diseases, general questions of hygiene, public morality and legality, international preventive measures, reforms to be introduced into the sanitary service," etc. Dr. Bergeret's "De l'Urine;" practical, physiological, and microscopic chemistry, or nosological, pathological, and therapeutical indications furnished by urines; and Dr. X. Galezowski's Diagnostication of Diseases of the Eye, by "la Chromatoscopie Retinienne," with 31 figs., a chromatic scale containing 44 shades, and 5 typographical scales, in black and in colors.

The Transactions of the American Medical Association. Vol. XIX. Philadelphia, 1868. 1 vol., 8vo., cloth, pp. 497.

About three hundred pages of this volume are taken up with the minutes of the last meeting, the Reports of Committees, the code of ethics, the plan of organization, and the very excellent address of the President. The remaining two hundred pages are about equally divided between reports on climatology and epidemics, and original articles. The former embrace the territories of West Virginia, by Dr. E. A. Hildreth; the District of Columbia, by Dr. T. Antisell; Texas, by Dr. T. J. Heard, and Pennsylvania, by Dr D. F. Condie. Dr. J. C. Peters adds an instructive article on the conveyance of cholera from Hindoostan to America, illustrated by a number of maps; and Dr. Thoms offers a series of plans for the collection and statistical arrangement of facts in regard to climatological and sanitary conditions of the various States.

Of the original articles Dr. Lewis A. Sayre's report on the treatment of club-foot, without tenotomy, by means of india rubber tubing; and that of Dr. J. N. Quimby, on the treatment of congenital talipes by adhesive straps, are among the most valuable. Dr. L. Elsberg contributes the notes of some successful cases of syphilis treated by hypodermic injections. Dr. Gurdon Buck explains, with illustrations, a new method of re-constructing the lower lip after its removal for disease; and Dr. P. F. Eve a safe and effectual operation for the radical cure of varicocele. Dr. C. C. Cox furnishes a very complete report on American medical necrology, which will have a permanent value for the medical historian.

Such is a general view of the contents of the volume. There are no "Prize Essays" this year, the Committee on that branch having made such brilliant selections last year, that the present Committee, we presume, were in despair of finding any to compete with them, and therefore rejected all that were sent in.

There are some other reflections which occur to us. Turning over the leaves this phrase met our eye, (p. 124), "The active working condition of the profession in a locality, can be judged of by the state of vigor of the medical Societies." Let us apply this test, and see in what state of vigor the American Medical Association is. The chairman of the Committee on the rank and regulations of the medical staff of the U. S. Navy—a most important topic—only learned of his appointment *by accident* a short time before the meeting, and may be presumed, therefore, to have done less than he otherwise would. Only one of the Committee on Medical Ethics signs his name to the report, the others, for various reasons, not appearing. The Committee on Prize Essays received none worth recommending. The Committee on Medical Education informs us that "the status of medical education has made no advancement commensurate with the imperative demands of the case." The Reports of the Sections on Chemistry, Materia Medica, Practice of Medicine and Obstetrics, and Psychology, each occupy less than a page. The Report on Insanity is written by the chairman alone. Dr. Hildreth states that in preparing his report on the Climatology, etc., of West Virginia, only two or three physicians in the State lent him any assistance, though numbers were applied to; and Dr. Condie complains of the inefficient organization, and the "incomplete and superficial reports of the medical Societies of Pennsylvania."

On the whole, the XIXth volume of the Transactions does not seem to indicate any remarkable vigor in the Association, nor any great amount of interest in medical science at large in the land. We console ourselves with the belief that it is not a fair exponent of the profession in America in this respect, however it may be in others. Were it to occupy its sessions more earnestly with some of the more important questions which agitate the profession, it would be more representative than it now is.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 21, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

DRUGGISTS' MISTAKES.

This city was recently greatly excited by the death of a lady under most painful circumstances. She had been suffering from slight nervous attacks, for which she had been accustomed to take pills containing each two grains of assafœtida. On the third inst., she sent the box to the apothecary to have it filled. A young man was in attendance who turned to the file—for the prescription had not apparently been entered in a prescription book—and instead of *assafœt.* read *atrop.*, and entirely ignorant that this was a most dangerous poison, put up the two grains to a pill.

Of course the lady died a short time after taking the first dose, in spite of the assiduous and prompt attentions of several physicians.* Such a terrible mistake could not but attract general attention, and many severe animadversions on physicians and druggists appeared in the daily papers, some wise and some anything but wise.

Of the latter class were the observations of a small penny sheet, which found the root of the evil in the custom of writing prescriptions in Latin:—"for a time, at least," says his oracular authority, "people are likely to insist that their physicians shall write prescriptions in legible English, instead of illegible 'dog' Latin."

And then it illustrates how thoroughly it is posted in this "dog Latin" by the following remarkable example of what a physician will prescribe when nothing ails his patient:

R.	Aquœ fortis,	ʒj.
	Mur. sodium,	grs. v.

"You take this to the apothecary. It is in the plain vernacular an ounce of water and five grains of common salt. The druggist charges a quarter of a dollar for it."

Very much more judicious was an editorial in the *Public Ledger* on the subject, and the suggestions it contained are worth repeating. It recognized first that all "articles used as medical agents or remedies have technical names, generally Latin; second, in writing prescriptions to be compounded of these articles, it is the custom to *abbreviate* these technical terms; third, it is the habit of many doctors to write these abbreviated Latin terms in a hurry, and with but little attention to their legibility. With respect to the first of these points, all well-informed people are aware that the technical or Latin terms are used for the sake of ensuring uniformity—that the same remedy shall have the same name everywhere, and thus avoid the dangers of a confusion of names. They understand, also, that there is a further reason for it, in the fact that many of the most effective modern remedies are purely chemical combinations that have no common or ordinary names, and must be described by their technical names. It must be acknowledged, therefore, that there is great difficulty in making a popular reform in this branch of the subject, but there is no difficulty in the way of reform as to the other two points, nor are there any concerning others to be presently mentioned. The doctors and the apothecaries owe it not less to themselves than they do to the people, who are the aggregate of their patients and customers, to insist upon a reform of the whole practice of writing abbreviations of the technical names of their remedies, and of sending off their prescriptions in scrawls that are almost illegible, and that would be difficult to read even if the words were spelled out in full and in common English."

* We made inquiries, but could not learn that morphia had been used, either per enema or hypodermically. This omission—if it was omitted—is utterly inexplicable to us. The antagonism of the two alkaloids is so well known, that it is hard to imagine an excuse for the non-administration of one of them, when it is known that an overdose of the other has been taken.

But even if they were acted on, these safeguards would not be efficient. There is one and only one way to meet the difficulty, and that is by passing and *enforcing* a law prohibiting any one to dispense drugs who has not a thorough pharmaceutical education. In France, Germany, England and Russia, this is the case, and mistakes are extremely rare. But so long as ignorant boys are left in charge of prescription-counters, and anybody can sell without let or hindrance the perilous stuff which kills

> "As violently as hasty powder fir'd
> Doth hurry from the fatal cannon's womb,"

we may expect such frightful occurrences. Centuries ago, they knew better than to hold human life so cheap. What does the apothecary say to ROMEO, when the latter asks for a drachm of poison :—

> "Such mortal drugs I have; but Mantua's law
> Is death to any he that utters them."

And it were easy to bring better historical authority, if it were worth while.

But there is another phase of this business, not less disagreeable. These accidents create and foster a strong prejudice against the regular practice. Infinitesimal doses, if they do no good, at least do no harm, say the public, and if we are to run the risk of being poisoned by the druggist, we will try the "new school." We do not doubt that this accident in Philadelphia has induced hundreds of persons to try the useless nostrums of homœopathy.

Therefore physicians are more deeply interested than others in avoiding such accidents, and should act not only as individuals but as a body to do away with incompetent druggists. It is one of many topics that the American Medical Association might profitably discuss.

—— Mr. THOMAS W. OLCOTT has purchased a dwelling-house and presented it to the City Hospital in Albany. The building is a three-story structure, handsomely finished in modern style. Mr. OLCOTT paid $10,000 for the property.

[☞ *Readers of the* REPORTER *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

News and Miscellany.

An American Lady Medical Student in Paris.

Miss PUTNAM, who has lately been admitted to her first medical examination in Paris, is a daughter of the head of the well-known publishing house of PUTNAM & SON, New York. She went abroad almost without letters, determining, as she expressed it, to stand only on her own feet. Her steady demeanor interested at once persons of influence. While she worked on, utterly innocent that her quiet walk was the theme of observation, the wife of the Minister of Public Instruction watched her narrowly. When the proper time came, this lady asked her husband to open the gates of the University to this one student by the exercise of his authority. It was quite uncertain whether more could be done. Her bearing and success have thrown them open to all women.

Miss PUTNAM has written some excellent letters on medical topics to American journals since she has been abroad.

East Indian Opium.

At Patna is one of the two great opium factories of India. It is the greater of the two, and may, therefore, be safely styled the largest poisoning agency in the world. The establishment faces the river Ganges, whose bed is here four miles across—at this season a desert of caked mud, with the river far away on the other side of the waste. The opium is shipped to Calcutta in a steamer, and it is a good instance of the fickleness of Indian rivers—those plagues of engineers—that last year, and for many years before, the sacred stream ran so close to Patna, that wharves were erected from which the chests could be put right on the steamers, and where the timber wherewith to make the next year's chests could be landed. This year the chests have to be carried a mile or so before being shipped.

This opium-packing for 1867 was just over at Christmas, and nearly 30,000 chests of China opium had been sent down to Calcutta, worth about £4,000,000. Each chest contains 40 cakes —the dark, sticky stuff, ingeniously inclosed in a coating of dried poppy-leaves, so that each cake (weighing about two pounds) presents the appearance of a Dutch cheese or a cannon-ball. It has given rise to the saying that in war the British gave the Chinese cannon-balls of iron, and in peace cannon-balls of opium, thus giving them the choice of being shot or poisoned, and making them pay sharply for either attention.

In return for this, they feed us with tea and clothe us in silk, which seems to show a truly celestial spirit.—*Sci. Amer.*

—— Liebig, the chemist, complains that stupid people are forever pestering him with letters, asking questions of the most extraordinary silly nature, such as they might answer for themselves by consulting any elementary text-book. They come at the rate of two or three hundred a day, and in eight or ten different languages.

—— In a late discussion before the British Association for the Advancement of Knowledge, several physicians warmly advocated the opinion that the faculty of articulate language resides in the third frontal convolution of the left side of the brain.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Aukeney—Stoddard.—On the 5th inst., at the residence of the bride's parents, by the Rev. John Crozier, assisted by Rev. Chas. Raymond, Albert Aukeney, of Alpha, and Alice M., daughter Dr. O. N. Stoddard of Oxford, Ohio.

Clark—Henszey.—At the residence of the bride's parents, on the 12th inst., by the Rev. Charles D. Cooper, Leonard S. Clark, M. D., and Maggie A. Henszey, daughter of William C. Henszey, Esq., all of Philadelphia.

Hansel—Martin.—On the 11th inst., at the Church of the Atonement, by Rev. E. N. Potter, S. R. Hansell, of this city, and Jennie E., daughter of Dr. F. A. Martin, of Bethlehem, Pa.

Miller—Wilson.—November 5th, by Rev. F. W. Brauns, Dr. B. F. Miller and E. Belle Wilson, daughter of the late James Wilson, all of Cincinnati, O.

Musser—Musselman.—October 27th, by the Rev. H. E. Spayd, at Wheatland Mills, Pa., J. H. Musser, M. D., and Miss Leida A., daughter of John Musselman.

Towne—Lewis.—In Townsend, Massachusetts, October 22, by Rev. A. H. Howard, Charles J. Towne, M. D., and Miss Nancie J. Lewis, both of Townsend.

Weightman—D'Invillier.—On the 18th inst., at the residence of the bride's mother, by the Rev. J. H. Kunkelman, Dr. William Weightman and Sabine, eldest daughter of the late Charles D'Invillier, all of Philadelphia.

Welling—Dick.—November 5th, at Belvidere, N. J., by the Rev. Henry A. Osborn, Professor in Lafayette College, Dr. Edward L. Welling, of Pennington, N. J., and Miss Alice R. Dick, niece of Gen. Robert McAllister.

DIED.

Bowers.—At Billerica, Mass., after a long and painful illness, Joseph Bowers, M. D.

Parsons.—In New York, on Monday, November 9, Ezekiel W. Parsons, M. D., of Colchester, Conn., aged 83 years.

OBITUARY.

Antoine Clot-Bey.

An eminent physician, died lately at Marseilles, aged 73. He was induced to visit Egypt many years ago by an agent of Mehemet-Ali, for the purpose of organizing some medical establishments there. He also founded a medical school at Alexandria, and was chief agent in the erection of Abou-Zabel's Hospital, twelve miles from Cairo. He received the title of Bey from the Egyptian Government, and by that of France he was made a Commander of the Legion of Honor.

[An interesting sketch of Dr. Clot from the *Med. Times and Gazette*, will appear in our next.]

WORDS OF CHEER.

Under this caption we propose from time to time, to give brief extracts from our correspondence, showing the appreciation in which the publications of this office are held by the profession in different sections of the country.

An Indiana correspondent says:—

"I take much interest in medical journals, and have been examining about thirty, trying to find one that will keep me thoroughly posted in the *medical news* of the United States, giving an account of all new journals, colleges, etc.—in short, a history of all medical subjects and men worthy of note. I believe the Medical and Surgical Reporter comes nearest my idea."

To the suggestion to make the "News and Miscellany" column a little more "newsy"—we reply that we have measures on foot that will bring every section of the country into closer correspondence with us, and thus give us the material for the purpose.

An Ohio correspondent says:—"Do not fail to send the Compendium for the next and every succeeding year while published. It is the best book I've got"—and that is saying a good deal, for we know the writer is not slow to supply himself with the current medical literature of the day.

ANSWERS TO CORRESPONDENTS.

Cramp of the Sole of the Foot.

In your issue of November 7th, Dr. —— of New Jersey, inquires for a remedy in a case of cramp of the sole of the foot. Should he find other remedies unavailing, I would suggest the use of two grain doses of carb. ammonia three times per day. Unless those cramps depend upon organic disease of a nerve distributed to the part, I have reason to believe that the remedy above suggested will, if persisted in a few weeks, very much relieve, if not entirely cure the affection.

Try it, Doctor, and be kind enough to report result. I shall not now state the grounds upon which I make this suggestion, for the reason that they may not be considered orthodox. Should it prove beneficial, in the case, I shall assign the reason why, if requested to do so. R.
Reading, Pa.

We have to inform various correspondents that there are two articles of merchandise which we cannot furnish—*Diplomas* and *dead subjects*. The laws of this commonwealth interfere with trade in these useful items, and however unjust these laws may appear to some, we are bound to submit.

Dr. W. B, of O.—"A young physician has considerable leisure aside from business; how shall he put in the time? If he has a passion for games, such as checkers, chess and billiards, would it be derogatory to his professional character to indulge in these *amusements*."

We suggest that he put in his time in studying his profession; after he has thoroughly mastered it, if he has time and inclination, and is not too old, he can take to billiards, etc., without derogation. Hippocrates remarked that life is too short to learn the long art of healing. Is it not as true to-day in Ohio as it was 2500 years ago in Cos?

METEOROLOGY.

November,	2,	3,	4,	5,	6,	7,	8.
Wind.....	N. W.	N. W.	W.	W.	W.	N. E	N. W.
Weather....	Cl'dy.	Clear.	Clear.	Cl'dy. Rain.	Clear.	Cl'dy.	Clear.
Depth Rain..				1-10			
Thermometer.							
Minimum.....	34°	28°	37°	48°	36°	32°	35°
At 8, A. M.....	42	38	44	49	45	41	48
At 12, M.....	43	41	56	57	50	46	59
At 3, P. M.....	42	41	59	56	49	45	61
Mean.....	40.25	37.	48.50	51 25	42.50	41.	50.75
Barometer.							
At 12, M.....	29.9	29.8	29.8	29.7	30.1	30.3	30.1

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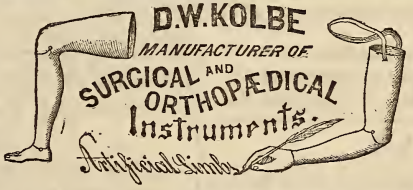

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FOR 1869.

(Formerly "Cincinnati Journal of Medicine.")

EDITED BY THEOPHILUS PARVIN, M. D.

Published at Indianapolis by the Editor; at Cincinnati, by Robert Clarke & Co.

This Journal will enter upon its fourth year January next. It has steadily grown in professional favor, and every effort will be made to render it still worthier of that support on the part of physicians which has hitherto been accorded it. It aims not only to be a true reflex of professional progress, but also a contributor to that progress; independent of all local jealousies and personal prejudices, it knows no interests but those of rational medicine; it seeks to promote not only the diffusion of medical knowledge, but also the thorough and liberal culture of the physician in all the elements of character which make him honorable, useful, and happy. The Journal has regular correspondents in Philadelphia, New York, and in Europe. Among its contributors in the year 1868 are the following:

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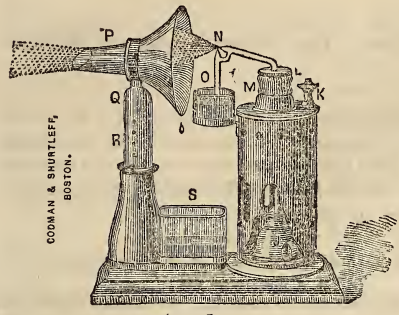

FIG. 1.

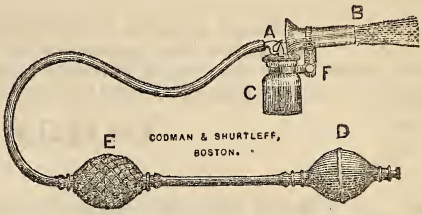

FIG. 5.

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" " ⅛ gr.	75	3 50
" " 1-6 gr.	90	4 25
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Podophyllin. ½ gr.	40	1 75
" ½ gr.	50	2 25
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Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 296.)

VI. Ophthalmoscopic Characters of Diseases of the Crystalline Lens.

1. Cataract.

It will be advisable to premise some facts concerning the anatomical structure of the crystalline lens, before entering upon the subject of the diagnosis of the various species of cataract, that the reader may have a clearer and more ready conception of their position and constitution.

The crystalline belongs to the class of convex lenses. Its anterior face describes the curve of an ellipse, and the posterior, that of a parabola joined at their extremities, and giving a diametric measurement, in the adult, of from one-third to three-eights of an inch, and an antero-posterior axis of from one-eighth to one sixteenth of an inch. It weighs about four grains, and is situated in a fossa upon the anterior surface of the vitreous humor, being held in its position behind the pupil by the hyaloid membrane which attaches itself closely to the posterior capsule, and by the zonula which is in connection with the capsule of the circumferential portion of its anterior surface, and is thus brought into close relation with the ciliary processes, the aqueous and vitreous humors, through which its nutrition is carried on.

The lens consists of two portions, a central one of fibrous structure, enveloped by a thin elastic homogeneous external membrane, called the capsule. The former has its fibrous arranged in a very peculiar manner so that under certain circumstances the lens break into sections by star-like dissepiments, which in young subjects are tri-radiate, and in more advanced age have from eight to sixteen radii. The fibres are hexagonal in cross section, and are developed from nucleated cells which may be seen in various stages of maturity just beneath the anterior capsule and the attachment of the zonula. In the centre of this face of the capsule they present themselves as a single layer of beautiful round nucleated polygonal cells further outward they become round, array themselves as in lines in the position of the future fibres. It will thus be seen that the growth of the lens is exogenous, that is, the older fibres are central and the latest formations at the surface, an arrangement which has given rise to the distinction of the lens substances into nucleus and cortical layers; there is, however, no other boundary line between them than that established by the difference in density. Wedged in between the fibrous and their terminations in the star there is to be found a thick, clear hœmogenous substance having the general properties of protein matters.

The constituents and mode of nutrition of the lens being known we are prepared now to look into its morbid changes, which are nutritive derangements manifested either by atrophy or inflammatory action, producing opacity of the lens (cataract), alteration in its consistence (presbyopia), or change of form (myopia, and hypermetropia).

The opacity originating cataract is sometimes the result of pure atrophy, sometimes of inflammatory action, and at others both of these conditions are associated in inducing the result. The immediate cause of the change in diaphanicity may be either located in the lens itself or in these parts intimately connected with its nutrition. The alterations

occur principally in the lens-cells, and fibres, starting at one time in the superficial strata and extending inwards, at another time reversing this order, there being no disposition to limitation when the disease has once begun.

The changes in the cells and fibres are various; the former often multiply and their contents become granular and opake, or the cell walls are broken down, retrogradative changes occur, fatty or choloid particles result, and the whole mass forms a fine, molecular brownish-yellow detritus beneath the anterior capsule. In other cases, particularly those of an inflammatory character, the cell-alteration involves the production of purulent matter instead of the detritus above mentioned, and occupying the same position constitutes that rare form of cataract designated purulent. The lens-fibres, in some instances, simply atrophy, and become less diaphanous, in others they are found swollen and opake.

According to the nature, location, extent, degree, and mode of developments of these alterations in the constituent elements of the lens, the physical appearance of cataractous lenses will vary very greatly; and as the determination of the exact seat of the cataract under treatment has an important influence upon the selection of the appropriate surgical procedure required, the establishmet of clear and distinct characteristics of each variety is absolutely demanded for the attainment of any therapeutical success. The first distinction to be made of cataract is into the *true* and *false*. True cataracts are these we have, up to the present, been speaking of, and consists of alteration in the crystalline itself. The so called false cataracts are those that are produced by various alterations in the surrounding tissues particularly of the uvea and the ciliary processes, denoted by the deposition of lymph, or pigment, or what is sometimes seen, both of them at the same time, upon its surface.

According to the position of the alteration in the lens, cataract is further divided into *capsular*, *lenticular*, and *capsulo-lenticular* varieties, terms which explain themselves. Lenticular cataracts vary in consistence, and are either hard, soft or fluid. Hard lenticular cataracts are those met with in advanced age, the morbid alteration begins at the centre of the lens, hence they are sometimes distinguished as nuclear cataracts, and proceed toward the superficial layers which are in time also rendered opake. The changes consist in a greater condensation of the pre-existing lens elements which become more granular and are associated with fatty particles. At a more advanced period there is a further breakning up of the above mentioned elements resulting in the formation of a detritus made up principally of fat, calcareous and myeloid substances, and an organic base. A larger part of the fatty particles are usually metamorphosed into cholesterine, presenting itself in nests of beautiful crystals. The calcareous substance is usually under the form of carbonate of lime, more rarely the phosphate, and is seen aggregated into small particles, evident both to the eye and touch. This material is sometimes in such quantity as to have given the impression of an ossification of the lens substance.

Hard cataract diminishes the volume of the lens, as see in the enlargement of the posterior chamber, and the free movements of the iris, conditions exactly the reverse of soft cataract. The color of the opacity is grayish-yellow, or dirty brownish-gray; sometimes reddish-brown or green, rarely dark-brown or blackish.

The distance between the lens and the papillary margin enables us to see with strong illumination the shadow cast by the iris upon the surface of the lens under the form of a dark crescent. The ophthalmoscope reveals when the iris is fully lit up, the red color of the fundus can be faintly seen through the nuclear opacity, but none of its details can be deciphered. If the light used be less bright the opacity is perceived as a cloud or dark spot in the field.

It is by oblique illumination, however, that the true color, extent, position, and boundaries of cataract can be determined. As soon as the convergent rays fall upon the anterior surface of the lens a grayish-blue reflection is perceived, but when they have penetrated to its posterior surface the peculiar amber-tinted nucleus is

discernable, the borders of which are not clearly defined and are at last lost through imperceptible gradation of shading in the circumferential zone of the lens, which still remain transparent, or at least translucent. This finally yields to diffused opacity, in the midst of which may be either seen defined and cloudy radiated striata extending from the nucleus in the direction of the lens-fibres, or specks of cloudy lens substance. When the striæ are broad, bluish, and not entirely opake, with transparent lens substance speckled with gray spots between them, they indicate a softened condition of the cortical layers, a process that may advance until these layers become fluid, permitting the nucleus to sink to a new position where its yellow color may be seen shining through the capsule.

The calcareous deposits above spoken of are seen as bright, opake, chalk-like spots, scattered here and there, or collected together in lines, so as to give a mottled appearance to the surface of the crystalline lens; cholesterine is marked by the peculiar brilliant and shining appearance of its crystals.

In contrast with nuclear cataract, which occurs most frequently after sixty years of age, should be placed those senile changes in the lens which may be mistaken for it. They consist in the deposit of a hyaline substance between the anterior capsule and the lens substance, the latter becoming dry, friable and easily split, while its nucleus acquires a wine or amber-yellow, or even brown color. The nucleus may be easily defined within the cortical layers, which still remain transparent, or what is more common, are most frequently marked by a radiated cloudiness in lines following the course of the lens fibres. This alteration in the lens in old persons confer upon its surfaces greater reflecting power, which causes the normal black color of the pupil to disappear, and its place to be taken by a smoky or grayish reflection, quite suggestive of cataract.

A cloudy appearance of the pupil is also produced by reflection from the fundus upon which there is a slight retinal detachment, and is to be distinguished from cataract by the absence of all crystalline opacity and the presence of the opthalmoscopic characters of retinal separation.

Soft lenticular cataract is more frequent in early manhood and youth. The alteration upon which it depends begins in the cortical layer of the lens under the form of several whitish or grayish opake points, or lines variously arranged, or, instead of these, there is one uniform opacity. The change consists principally in the cells and lens fibres becoming granular, and at the same time there is produced between them molecular granules, minute limpid drops and oil globules; the fibres also undergo a ribbon-like flattening. There is, besides, a formation in the superficial layer of solid corpuscles, rounded or of various forms, homogeneous or granular, imbedded or not in a substance of a waxy, homogeneous consistence

We have previously stated that secondary changes occur in the lens, involving the production of calcareous and cholesterine particles, and we must repeat that the result occurs especially in the softened lens substance, which is thus converted into a heterogeneous condition, that light, instead of passing through these tissues, is reflected by them, and assumes a whitish or grayish tint.

Soft cataract is distinguished into several species, according to the arrangement of the lines and nebulosities in the lens. In one sort the lines have a radiate direction from the centre to the circumference, sometimes extending across the lens, splitting it in sections; sometimes they fall short, either toward the centre or the periphery. Their position is either upon the anterior or posterior surface of the crystalline, a fact that can be determined by the ophthalmoscope in the difference of their curvature, in the former instance being convex, and in the latter concave.

In the further progress of the disease the intervals between the lines becomes cloudy, and the whole surface assumes a uniform, opaque, bluish-white, milky, and sometimes grayish color. The total volume of the lens is increased, obliterating the posterior chamber, and preventing, therefore, any shadow being thrown upon the anterior capsule by the

margin of the iris, which is also pushed forward, and has its motions impaired.

The rate of development of this form of cataract is much more rapid than the nuclear form, usually not beyond two years; in the traumatic form, however, this change has been observed to be accomplished in a few minutes; while, on the other hand, adults have been known to have a progressing, soft cataract for thirteen or fourteen years. Congenital cataract belongs to the soft variety.

The ophthalmoscope shows all these various forms of lenticular opacity with great distinctness. The opaque lines and dots can be seen as dark shadows by strong direct illumination upon the red fundus; while, with oblique illumination, they shine out in their true bluish-gray color. The position occupied by them may be determined by directing the patient to bend his head strongly backward, when, if they be near the posterior surface of the lens, they will disappear behind the lower margin of the pupil, while the anterior transparent surface only will be brought into view. If there be a single streak of opaque substance near the posterior capsule, it will disappear in the same direction, if the eye be directed upward. On the other hand, if the streak be in or near the anterior capsule, it will, in this movement of the eye, pass in an upward direction.

In that variety of cataract consecutive to glaucoma, there will be added to the ophthalmoscopic characters above detailed, those denotive of the latter disease.

Liquid lenticular cataract is nothing but a further advanced degree of soft cataract, the cortical layers breaking into a molecular fluid, containing in suspension fat globules and corpuscles, in which the nucleus floats, or in some cases this is even dissolved. It presents a milky aspect, and the general characteristics of soft cataract are, or have been present. The fluid contents of the capsule being of unequal density, when the eye has remained at rest for some time, they separate into strata, the heavy portion of a deep yellow color, sinking to the bottom of the capsule, and the lighter, almost colorless, floating upon the top, a well marked line defining their boundaries.

Capsicular cataract, as the name indicates, implies opacity of the capsule, but such a change in the membrane itself is one of the rarest possible occurrences; the alteration included under this designation usually consisting either in the production of a fine pseudo-membranous, fibrous, striated layer, which probably originates from the iris, having been in communication with it and ceases to adhere to it, while it remains fixed to the anterior part of the capsule, especially at its centre, or a quantity of microscopic granules, generally of a rounded form, composed principally of phosphate of lime, and a little carbonate of the same base, is deposited in the membrane as to interfere with the transmission of light; commonly, both of these alterations are found existing in the same case.

The calcareous deposits are occasionally heaped up at the centre of the crystalline, as to project sensibly above its surface, or even into the anterior chamber under the form of a conical chalk-white mass. Occasionally the entire substance of the lens is absorbed, bringing the anterior and posterior segments of the capsula in contact. This form of cataract is often of secondary origin.

The deposit of false membrane upon the anterior capsule always leads to alteration and opacity in the subjacent and corresponding portion of the lenticular substance proper.

With the ophthalmoscope the pseudo membranous or calcareous formations can be discerned as dark spots upon the fundus, while by oblique illumination they stand out as white objects with smooth or uneven surfaces, according to the nature of the deposit. This last circumstance is of diagnostic importance, inasmuch as we can determine simply by examining the character of the surface, whether the cataract is posterior, capsular or polar, the former depending upon alteration in the lens substance near the capsule, and presenting a rough and often granular surface, while polar cataract is usually of inflammatory origin, the opacity being outside of the capsule with a smooth shining anterior surface.

Capsulo-lenticular cataract consists in con-

joint opacity of both lens, substance and capsule. It may be hard, soft or fluid, of limited extent, or complete. It will present the distinctive characters of the two former varieties combined both as regards their objective and ophthalmoscopic characteristics.

False cataract is produced by the deposit upon the anterior capsule or in the pupil, of fibranous bands, pus, blood, or the uvean pigment. It is produced by inflammatory disease of the adjacent structures or by injury, and almost always is complicated by adherence of the pupillary margin to the capsule. In many cases, true cataract will follow in the train of morbid complications.

By means of oblique illumination the finest details of the surfaces of all these new products may be accurately studied, and their nature truthfully determined. The ophthalmoscope reveals them simply as dark spots upon the illuminated fundus, supposing of course, a sufficiency of clear lens to permit the rays of light to reach the fundus.

Before the introduction of the ophthalmoscope, other means of diagnosis were had recourse to. We have already described the plan of M. SERRE by the phosphanes for distinguishing cataract from amaurosis, and indeed in every case before a cataractous patient is brought to an operation, the extent of the sensibility of the retina should be determined. In order to do this the person should be placed in a dark room with a lighted candle, the flame of which is protected by a colored glass, to intercept the heat rays, that those may not be confounded with the luminous rays. Then the patient should be directed to indicate the direction of the light, and he should be tested as to his ability to distinguish whether the light may or may not be dimmed by any object interposed between him and it Of course any operation undertaken in a case complicated with amaurosis would be futile.

There are two other diagnostic tests of cataract which we shall briefly notice; the eutoptic and catoptric. The eutoptic test much praised by LISTING, consists in directing the patient to view the clear sky through a hole made in a card with the finest needle, by which means he will be enabled himself to see any opaque spots or lines that may be present in the lens interfering with the passage of the light to the fundus.

The catroptric test is based upon the well-known fact, that when a candle is held before the eye, three images of it are seen in the pupil, two upright, formed by the cornea and anterior surface of the crystalline lens, and one inverted, formed by the posterior surface of the lens, and situated between the other two. It is evident that any opacity impairing these surfaces as mirrors will be denoted by alteration in or destruction of these images.

[To be continued.]

EDITORIAL DEPARTMENT.

Periscope.

Guyon's "Cephalotripsie Intracranienne."

M. GUYON claims (*Wiener Med. Presse*, No. 20, 1868) that by making an additional perforation at the sella turcica, we secure greater compressibility of the head.

He uses the following instruments:

1. A guiding-staff thirty centimetres long, seven millimetres in diameter, the lower end shaped like a screw-driver, the upper provided with a removable handle.

2. Two trephines, which differ only in the size of their crown. One crown is three, the other four centimetres in diameter. Each trephine consists of a crown with simple saw-teeth, a hollow axis, which permits it to be pushed over the guiding staff, and a transverse handle. To guard against going too deep, the crown is provided, with a short sheath.

3. A slender steel cephalotribe, which is only to be compressed with the hand; the handle of the right blade is provided with a movable serrated plate (CREMELLAIRE), which fastens to a tooth on the handle of the left blade, and holds the handles together when they are compressed.

The operation is as follows:

Pass the guiding-staff up under guidance of the fingers of left hand, and bore into the presenting cranium; then remove the handle, and push the larger trephine over the staff through the opening in the skull. This is easily accomplished; and we then withdraw both instruments. The operator now introduces his left hand, and with its index finger enters the opening in the fœtal cranium, and seeks the sella turcica; when found,

the guiding-staff is led to it, and bored in as before. The smaller trephine is now pushed over the staff, and bored as deep as the protecting sheath will permit. The cephalotribe is then used in the customary manner. Of course, this operation can only be performed in head presentations. It has the recommendation of Professor Späth, of Vienna.

On Syringing the Ear.

Dr. Roosa, of New York, has the following remarks in *the Medical Record* on this simple yet important operation:

"There is a proper and an improper way of syringing the ear, simple procedure as it is. If we use one of the miserable little glass syringes, so commonly sold for injecting the meatus, without taking hold of the auricle at the same time, in order to straighten the auditory canal, the upper wall of which, in a normal condition, falls down toward the lower or anterior wall, very little of the fluid will enter the ear.

If, again, the vessel in which the water is to be returned from the ear be not properly held, the fluid will run over the patient's neck, and cause very unpleasant sensations.

In order to syringe the ear properly, a hard rubber syringe should be used, and a thin bowl be held close under the lobe of the ear well up into the fossa at the articulation of the lower jaw with the temporal bone. The patient himself, if he be a large child, or an adult, will hold the bowl better than an assistant. The surgeon then straightens the meatus by gently pulling the auricle in an upward direction with one hand, while with the other he uses the syringe. It is well to allow the water to first pass into the concha of the auricle, and not immediately into the canal, in order that the patient may judge as to the temperature of the water, which should be lukewarm. The ear will not usually tolerate a cold fluid.

Performed with a good syringe, and with such precautions as have been named, syringing the ear becomes very pleasant to the person who is subjected to it. Children who have already been to a physician who has manipulated in the auditory canal with a forceps or other instrument, will, of course, object to the syringing, from fear of pain; but if no such attempts have been made, the youngest child can soon be coaxed out of any unwillingness to submit to the operation. I was once, however, compelled to etherize a child, in order to remove a pea by syringing, which had been previously hunted for with instruments.

It is theoretically reasonable that the injection of water is a potent agent in removing a foreign body from the ear. It is sufficient to remove a plug of wax, which has been impacted for years, and which has completely plugged up the auditory canal. How much more potent must be the stream of water, when there is sufficient space through which it may get behind the foreign body and wash it forward by the returning current! Experience also confirms what theory thus indicates. There are no cases on record, I think, where syringing, when undertaken before any other attempts have been made, failed to remove a foreign body from the ear.

Unfortunately however, those who believe in the efficacy of the simple procedure of syringing do not always see these cases at first. The foreign bodies are often impacted, or so situated that a stream of water cannot pass behind them. There is often also very great inflammation of the parts, caused, not by the foreign body, but by the attempts to remove it. If it be plain that the foreign body is not causing the severe symptoms, a little delay may be advised, until proper local treatment—the use of leeches, and the instillation of warm water—has subdued the inflammatory process. If it be probable that the foreign body is wedged in upon the drum, or perhaps pushed through it into the cavity of the tympanum, there is nothing to be done, but to remove it at all hazards. Perhaps the best way, in case all attempts by means of delicate instruments introduced into the canal (which is at the same time well illuminated by a concave mirror placed on the forehead by means of a band) have failed to reach the body, will be to adopt Tröltsch's suggestion and detach the auricle posteriorly, and thus reach the body from behind. Having thus separated the auricle from its attachment, the membrana tympani will be thoroughly exposed, when it will be very easy to remove anything which may be upon it. Of course all other reasonable and safe means should be employed before resorting to this operation, although it cannot be considered a dangerous method, which can hardly be said of the forcible attempts made through the auditory canal.

Years ago a case was recorded in the *Lancet*, and copied in Pilcher's work on the Ear, where a bit of nail was hunted for in the ear of a child for a long time; pieces of bone were removed, but no nail. The patient finally died from meningitis induced by the attempts to remove something which the post-mortem examination showed was not there. I have heard of a similar case as occurring in this country.

I once had a case which gave me a great deal of uneasiness. A child was brought to me who had placed a button in the ear. The button, although lying very near the drum, was plainly to be seen. Several attempts had been previously made to remove it with the forceps, but they had only pushed the button farther in, and caused great pain. Faithful syringing had no effect. I then caused the child to be etherized, and, under a good illumination of the parts, attempted the removal with delicate instruments. These atttempts also failed. Poultices were then placed over the meatus, and the button was brought to the orifice of the meatus by suppuration, when I removed it a number of weeks after. With my present experience, if such a case were to present itself, I should not use the forceps at all, but after the syringing had failed wait, until some disturbing symptoms arose.

We may sometimes place the head of the patient in such a position while syringing as to favor the exit of the foreign body better than by the ordinary upright position. Voltolini once removed a foreign body from the meatus by syringing the ear while the head was hanging over a chair.

The impossibility of securing binocular vision while operating in the ear, unless we are at a great distance from it, when it is very indistinct, which renders one unable to estimate depth, is one of the principal reasons for the failure of attempts with instruments to reach the offending substance."

Death from Carbolic Acid.

A London journal says that an inquiry was held on June 23d, by Mr. Richards, Deputy Coroner, at Sion House, Lower Clapton, relative to the death, from the inhalation of poison, of Mr. Capel Henry Berger, aged 28 years.

Mr. C. Berrow Berger, Sion House, said that deceased lived with him, and was a color manufacturer. He suffered for a fortnight past from a very severe toothache, but a dentist advised him to preserve the tooth and bear the pain. He was an accomplished chemist, and he tried all sorts of things to allay his sufferings. On Sunday, June 21, while at church, he had to sit in a great draught, and that brought on a relapse of the pain. In the afternoon he went to his room, according to his custom, and bolted himself in, for the purpose of spending some time in devotion. When his sister called him down to tea, she could not make him hear, and ultimately witness broke open the door, and found him lying dead on the floor, upon some flexible tubing which communicated with a bottle of carbolic acid. His face was quite black, and he had vomited. It was clear that he had died from the carbolic acid, but he had not committed suicide.

Dr. J B. Metcalf said that deceased had fixed an elastic tube, ten feet long, to a large glass jar of carbolic acid, and had then evidently seated himself in a chair, and had inserted the end of the tube in his mouth, for the purpose of allowing a drop of the liquid to fall on the tooth. He had a brass regulator on the tube to control the quantity of the acid, but it did not act efficiently, and the volatile poison overcame him, and he became giddy, and fell. Being alone in the room, the poison continued flowing into his mouth, and the heart's action was stopped, and he died. The remedy which he tried was a new one, and the deceased was in the habit of recommending it to his friends. It should never be used without medical assistance.

A New Uterine Syringe.

Dr. Herman Beigel, of the Metropolitan Free Hospital, London, (*Berliner Klin. Wochensch.*, No. 25, 1868), has constructed an instrument which he claims is free from the objections urged against most other syringes.

He takes a glass jar, of from two to three quarts capacity. Its neck is provided with a metallic ring, into which a high brass stopper fits, and is tightened by a few screw threads. On one side the stopper receives a tube, having near its distal end a hand-ball and an air-chamber, and at the other terminating in a small, plain opening on the under surface of the stopper. On the other side, the stopper is connected with a flexible tube, which can be cut off, by a stop-cock, from communication with a tube leading to the bottom of the jar. The free end of the tube is of vulcanite, and so shaped as easily to receive various sized or shaped nozzles. Pressure on the distal ball forces the liquid through the nozzle, and the near ball, acting as an air-chamber, keeps up a continuous stream.

Before using, close the stop-cock, and press the distal ball a few times; on opening the stop-cock, a stream commences to flow, and pressure is only required now and then, to keep it up.

The Doctor has used small instruments of like construction in making injections for microscopical purposes. He also uses the large syringe, with nozzles of various sizes and shapes, for the eye, nose, rectum, to cleanse wounds, and, indeed, wherever a good continuous stream is of advantage.

Turpentine as an Antidote to Phosphorus.

The *Archives Gén. de Medécine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition, and even the phosphorescence of phosphorus; but the practical application of this knowledge is not so generally adopted as it should be.

Consanguineous Marriages.

M. Voisin states as the result of a careful examination of 1077 of his patients at the Bicêtre and Salpétrière, that in no one instance of his idiotic, epileptic, or insane patients, could healthy consanguinity be legitimately regarded as the cause of the affection. He believes that the ill results which have been observed after consanguineous unions are not really due to these, but are to be attributed to the ordinary hereditary causes.—*Union Méd.*, October 3d.

Phosphate of Soda.

This salt is recommended by Stephenson (*Edinb. Med. Jour.—Med. Record*, No. 50, vol. 3, 1868) in the following cases, of children:

1. Indigestion in those artificially nourished.
2. Deficiency of the phosphates in nutrition.
3. Suppressed or deficient biliary secretion.
4. Diarrhœa with whitish stools.

The dose for children is four to ten grains, mingled with their food.

In the constipation of *adults* it acts well; one drachm is given in the morning, dissolved in water. Pain and tension in the epigastrium after meals are benefitted by doses of twenty to forty grains.

A New Test in Albuminuria.

M. Hæbler, (*Inaug. Dissert.*, Berlin, 1868) describes a new method for finding the proportion of albumen in urine.

The suspected urine, after having its specific gravity taken, is boiled together with infusion of sugar-cane in a test-tube, and then treated with enough acetic acid to precipitate the albumen. The liquid is then filtered, and its specific gravity is again taken when it has reached the same temperature at which it was first taken. Multiply the difference between the two specific gravities (water=1) by 210 and we have the percentage of albumen present. In thirteen such examinations the average error was only 0.023 per cent., while in Vogel's optical test the average error is 0.046. (*Centralblatt für die Medical Wissensch., No.* 33, 1868.)

Hypodermic Medication in Goitre.

Prof. A. Lücke, of Berne, reports in the *Berliner Klin. Wochenschrift*, No. 25, 1868, a very interesting case of this disease cured by the subcutaneous injection of tinct. iodinii fort. (1 : 8). He made the injections at several spots, and at intervals of eight days. He began with four to five drops, and at last got up to two Paraz's syringes full. Until the larger quantities were used, no local or general reaction followed; and only then could iodine be detected in the urine. After four months' treatment, the patient was so far improved that only a few very hard, small knots could be felt where the tumors had been.

In the October number for 1867, of the *Archives Générales*, Dr. A. Luton de Oviens publishes the results of a similar treatment; he gives the account of eight cases which were more or less perfectly cured; in one case suppuration occurred.

Luton and Lücke mention two successful cases in which the same treatment was applied for the cure of chronic enlargement of the lymphatic glands.

Herpes Zoster.

Moers (*Deutsches Archiv für Klin. Med.*, iv. 249.) reports a case of herpes zoster bilateralis of the lower extremities, which occurred in a child fourteen months old. The vesicles did not dry up as is usual, but ran into bullæ, as in pemphigus. The child fully recovered in five weeks.

Wound of Pancreas.

B. G. Kleberg reports (*Arch. für Klin. Chirurgie* ix. 523) an incised wound of the abdomen which exposed the pancreas. The protruding portion was amputated, and the patient recovered without any remarkable consequences.

Absorption of Phosphorus.

M. Mialhe departs from his former views of the absorption of this article through the agency of alkalies, and now assumes that its solution takes place in the fats which are present in the contents of the bowel. He concludes from this, that an apparently convalescent after a poisonous dose, may suffer a relapse on taking nourishment (?). Phosphorus acts as such, and not in chemical combination; even phosphoretted hydrogen changing into phosphorus and water in the blood.

From the above, we should enjoin abstinence from fatty articles on persons poisoned by phosphorus, and when we administer it medicinally, use the oleaginous solution.—(*Union Méd.*, 1868, No. 66.)

Death from Hypodermic Injection.

Lantesson reports (*Journ. für Kinderkrankheiten*, 1868. 217—225,) that he saw a child die in a few moments with convulsions, after he had injected several drops of liquor ferri sesquichlor., for nævus maternus. Dissection revealed large coagula in the roots of the great veins at the heart, and in the right auricle and ventricle.

He supposes that a vein of some size was wounded, and that the astringent thus got into the general circulation, coagulated the blood, and finally produced paralysis of the heart. He recommends that the flow of blood into neighboring venous plexuses should be prevented by pressure when we perform this operation.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Heinrich von Fabrice. The Study of Abortions and Infanticide. Erlangen, 1868. F. Enke. A valuable contribution on the subjects embraced in the title.

Injuries and Diseases of the Jaws. The Jacksonian Prize Essay of the Royal College of Surgeons of England, 1867. By Christopher Heath, F. R. C. S., Assistant Surgeon to University College Hospital, and Teacher of Operative Surgery in University College. London, 1868.

The title of this work fully expresses its character. The author is one of those rising young London surgeons who are destined, in due time, to occupy the chairs now adorned by such men as Fergusson, Partridge, Erichsen, Skey, and many others of the present race of teachers and operators. Mr. Heath is already favorably known by his previous productions, his Practical Anatomy, and his Manual of Minor Surgery and Bandaging, and the present work will, we are quite sure, greatly extend his reputation on both sides of the Atlantic, as an able writer.

Mr. Heath's volume comprises upward of four hundred octavo pages, and is illnstrated by numerous wood engravings, executed in the best style of the art. In its composition every available source of information has been employed, and the result is a work highly creditable alike to the author's industry and talents, and to British medical literature. The volume may be profitably consulted, not only by surgeons and practitioners in general, but especially by dentists, whose particular business it is to superintend the management of the various maladies and injuries of the jaws, gums, and teeth. The excellent illustrations add greatly to the value and interest of the work. The style is very lucid, and many of the topics are treated in an exhaustive manner; indeed, far more absolutely than in any other production now before the profession. Quite a number of subjects are discussed, on which no information can be obtained, so far as we know, elsewhere.

We regret that want of space prevents us from giving a brief analysis of this excellent work, so much needed at the present day, and in all respects so admirably executed. Of the scope of the volume, a clear idea may be formed by the table of contents, which is here annexed for the benefit of the reader: Chapter I. Fracture of the Lower Jaw. II. Complications of Fracture of the Lower Jaw. III. Treatment of Fractured Lower Jaw. IV. Fracture of the Upper Jaw. V. Gunshot Injuries of the Jaws. VI. Dislocation of the Jaw. VII. Inflammation. Abscess, and Periostitis. VIII. Necrosis of the Jaw. IX. Repair after Necrosis. X. Hyperostosis. XI. Cystic Disease of the Antrum. XII. Dentigerous Cysts. XIII. Cysts in the Lower Jaw. XIV. Tumors connected with Teeth. XV. Diseases of the Gums. XVI. Tumors of the Hard Palate. XVII. Growths within the Antrum. XVIII. Fibrous, Fibro-Cellular, and Recurrent Fibroid Tumors of the Upper Jaw. XIX. Myeloid and Vascular Tumors of the Upper Jaw. XX. Cartilaginous and Osseous Tumors. XXI. Cancerous Tumors. XXII. Diagnosis and Treatment of Cancerous Tumors. XXIII. Fibrous, Recurrent Fibroid and Fibro-Cellular Tumors of the Lower Jaw. XXIV. Myeloid, Cartilaginous, and Osseous Tumors. XXV. Cancerous Tumors. XXVI. Diagnosis and Treatment of Tumors of the Lower Jaw. XXVII. Closure of the Jaws. XXVIII. Deformities of the Jaws. Lastly, an Appendix of Cases.

The number of illustrations, many of which are new, amounts to three hundred and forty-seven. Owing to these illustrations, it is questionable whether the work will be republished in this country. The cost of the English edition at London is, if we mistake not, only ten shillings, equivalent to two dollars and a half in gold in this country. The importation price would probably not exceed twice that sum, a small figure considering the value of the work.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 28, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

SOME IMPROVEMENTS IN SURGICAL INSTRUMENTS.

Our friends who have been spending the vacation in Europe bring us some models and improvements of surgical instruments.

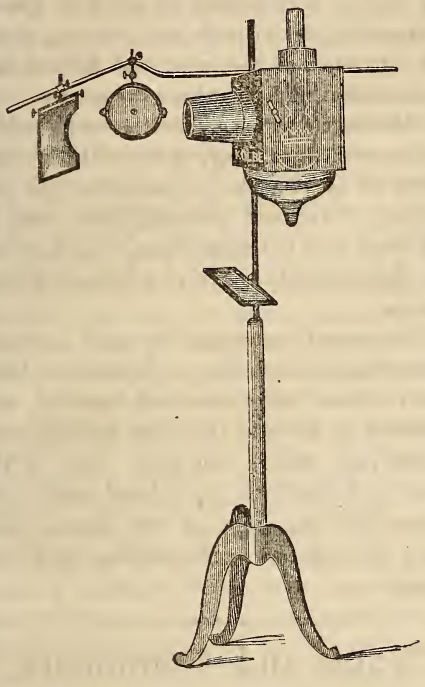
The *Porte-aiguille* for metallic sutures is an instrument we feel free to recommend highly in the operations of staphyloraphy, vesico-vaginal fistula, etc. It consists of a wooden handle, mounted with a metallic stem, through both of which courses a narrow channel, which permits the wire thread to pass. There is a little toothed wheel set in half the thickness of the handle, and working against a rack-surface, fitted in the other half of the handle, which "grips" the wire and forces it onwards towards the point of the needle. The needle itself has a capillary orifice just within its point, through which the thread is propelled, after the tissues have been pierced in the required position for the suture. There are several sorts of needles accompanying the instrument, some curving to the right, others to the left, and fitting by a socket into the point of the stem.

The *Lithexer* is designed to wash out the bladder after the operation of lithotrity. It is an invention of M. Collin, and consists of a silver catheter, whose proximal extremity penetrates the bottom of a four ounce bottle to the distance of two inches, the junction being made perfectly air-tight. To the mouth of the bottle an india-rubber ball is attached. In employing the instrument, the bladder is first injected with water through the catheter, the ball is then compressed, and in expanding, draws some of the water into the bottle in which all fragments held in suspension by the water, deposits; the fluid, as soon as this takes place, is driven into the bladder by compressing the ball, and again withdrawn by its expansion, charged with an additional quantity of sabulous débris, to be deposited in the bottle as in the first instance. This process is renewed, as often as any fragments are withdrawn with the fluid.

Atomizer for the *Eustachian Tube* is an instrument devised by Dr. Bishop, of London, and of simple construction, consisting of a simple eustachian catheter, a small glass syringe, and the usual bulb employed with atomizers. According to the direction of Mr. Bishop "The solution contained in the syringe is gently forced, guttatim, into a cylinder, and at the point where it leaves the syringe, it is caught by a current of the air sent by a pump worked with a proper degree of force by the hand. This drives the fluid forwards in a pulverized state. This small apparatus is then attached to an ordinary eustachian catheter, previously introduced, and suspended by a suitable apparatus. To ensure complete pulverization, the end of the catheter is covered with a fine gauze wire. Some amount of dexterity is required in the successful use of this instrument, but this is soon accomplished by any one accustomed to the introduction of the catheter"

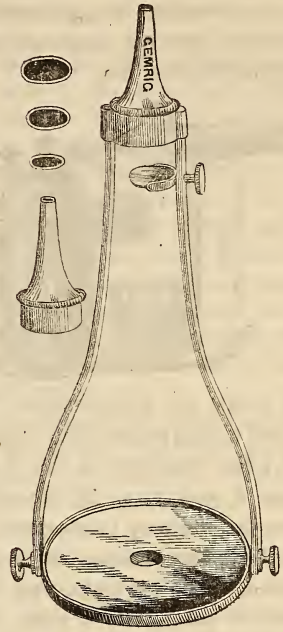
In the last lot of instruments imported by the energetic house of D. W. Kolbe, we find besides a number of fine endoscopes, a superb laryngoscope, the invention of Dr. Lewin. We have deemed it of sufficient importance to our readers to procure a cut of the apparatus which will save us the trouble of any lengthy description. The illuminative apparatus is fixed upon an iron tripod; to the lamp a brass bar is attached which supports two mirrors, one concave and oval, which receives the light from the lantern, condensed by a large biconvex lens, three inches in diameter, and reflects it into the throat of the patient, the other mirror is plain, and intended for the use of the patient who can see, as well as the surgeon, his own throat, so that

the instrument is really an auto-laryngoscope. It is well adapted for clinical instruction, as four individuals properly placed can inspect the same throat at the same time. We can, from personal experience, reccommend this instrument highly.



Mr. GEMRIG is also actively engaged in importing and improving upon the latest European instruments. Among others we have inspected, is a modification of TOBOLD'S laryngoscope by Dr. WALES, which presents all the advantages of LEWIN'S.

Another useful and elegant instrument we noticed at the same establishment, was WALES' otoscope, which has been improved in various respects, and is now presented in the form seen in the figure. It consists of a concave reflecting mirror, of four inches focal length, perforated at the centre and supported in a metallic frame-work by two arching arms clasping it peripherally and secured by two milled-headed screws. The arms are joined at their opposite extremity by a broad ring, which is intended to slip over and support various sizes of tubes according to the requirements of different cases. The tubes and the sectional views of these extremities are shown in the drawing to the left of the instrument.

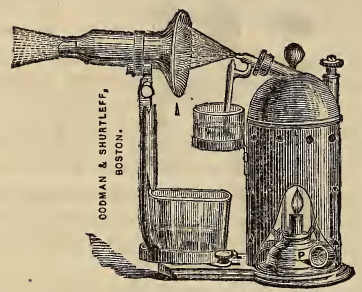


Just above the proximal or widened mouth of the tube there is placed a metallic clip to support lenses of any magnifying power required, provided, of course, this power is less than two inches, no greater magnification being attainable in the mechanical construction of the instrument, or required in practice.

The entire construction of the otoscope is subservient to the main objects in view, viz. to obtain a magnified field of the *membrana tympani*, illuminated by direct light. The advantages of this principle in the construction of all optical mechanisms designed for surgical purposes is too obvious for us to dwell upon, and we shall, therefore, close our remarks in respect to this otoscope by simply stating that we have used all forms of the reflecting instruments designed for the exploration of the ear, and can candidly state that this is the best one we have ever employed, both as regards its simplicity and efficiency, and its cheapness.

Our Boston friends, CODMAN and SHURTLEFF, have favored us with another modification of their model atomizer, and we must say

that it is an elegant instrument and sufficiently cheap to bring it within the reach of every practising physician in the country, and their energy in this direction, in popularizing such useful apparatus, deserves commendation. It is shown in the annexed cut.



A New Form of Lithotrite. By M. Reliquet.—This gentleman (Bull. Gen. Ther. June, 1868,) has presented to the Academie de Medicine a new form of lithotrite. It differs from the ordinary instrument in that the point of the female blade is curette-pointed, and the male blade straight and slightly enlarged at its point, which, when the instrument is closed, shuts against the concavity of the curette. The two blades are moved upon one another by a triple-armed screw at the handle, by which the stone is held between these points, and forcibly compressed, while a drill running through the male blade is brought to bear upon and to fritter it away.

The instrument may be brought to act also upon stones, or fragments of stone, impacted in the membranous and prostatic portions of the urethra without pinching the mucous membrane.

New Instruments for the Arrest of Uterine Hemorrhage. By Dr. Chassagny, of Lyons.—In a brochure presented to the Academie de Medicine by Dr. Chassagny, designated "New hemostatic means before and after labors complicated with placenta prævia," there are described two instruments for controlling hemorrhage. Dr. Chassagny proposes to anticipate the hemorrhage which always follows placenta prævia by the employment of the first of the two instruments, which acts as a sort of intra-uterine tampon. It consists of a blunt pointed catheter, eight millimetres in diameter, containing within it an India rubber bulb of the size of a large nut, but which can be enlarged by an injection, until it acquires the volume of an orange. The bulb is inserted within the neck of the uterus five centimeters and a half, which separates the placenta but slightly, but when the uterine contractions occur, it is forced between the uterine walls and placenta, effects the separation of the latter, and fills up the space so that no hemorrhage can occur.

This instrument may also be employed to induce premature labor, to dilate the uterine cavity so as to make it accessible for the removal of retained placenta, clots, parts of the ovum or of the membranes, or to facilitate the diagnosis and removal of polypus or fibrous tumors.

The second instrument is used to check hemorrhage after delivery. It consists of two India rubber bulbs connected together, and inflatable by tubes of the same material, furnished each with a stop-cock. One of the balls is destined to be placed within the uterus and the other in the vagina, their point of junction corresponding with the os incæ.

Notes and Comments.

Justice Done.

We are glad to be corrected in the statement made in the note to our article on "Druggists' Mistakes." In the case referred to, morphia *was* administered hypodermically, but without success. The neutralizing action of morphia upon the human system and conversely, is now as well ascertained as the action of any medicines, and should always be remembered in such cases. Not that it never fails; but he will be a nihilist indeed, who waits for medicine to be proved infallible before he administers it.

Hospital for the Insane in Rio de Janeiro.

Rio de Janeiro possesses one of the finest insane asylums in the world. It is situated at Boto-fogo. Treatment, however, is not yet up to the times. The means by which it was founded are a comment on one of the weaknesses of the human intellect—vanity. Titles of nobility can be purchased in Brazil, and José Clemente Pereira, at the time Minister of the interior, devoted the fees received for such to

the erection of this magnificent palace for the insane. (*Reise der Oestrr. fregatte Novara*, Wien, 1864, Dr. K. V. Schertzer.)

Death from Chloroform.

At the clinic of Professor Billroth, in Vienna, June 4th, a death from chloroform took place.

The operation was to be the ligation of a digital artery, in the case of a workman 26 years of age. After the inhalations had continued about five minutes, tremulous spasms occurred over the whole body, rendering an intermission of the medicine necessary. On resuming its use he became quiet; but Dr. B. now remarked that hæmorrhage had ceased, although no more pressure was applied to the radial and ulnar arteries.

A glance at the patient, who was in a *semi-prone* position on a *chair*, discovered paleness, lividity of the lips, and feeble respiration. The pulse soon ceased, and, in spite of tracheotomy and artificial respiration, patient died in half an hour. Dr. B. was of the opinion that death resulted from strong spastic contraction of the heart, which was favored by his anæmic condition from previous loss of blood. Autopsy revealed a very anæmic brain, and a strongly contracted heart.

In concluding a lecture on the subject on the ensuing day, Prof. B. said: "Gentlemen, this is, after a practice of 15 years, the first death of the kind I have had. If I now count two narcotizations for every day, I have the not insignificant number 15,200. This per centage of mortality is so favorable, that leech bites and blisters cannot show one as good, and yet we always apply these; why then should we not make use of chloroform narcosis?"

A writer in the Vienna *Medical Presse*, No. 23, 1868, mentions a case which occurred ten years ago at the clinic of Prof. Balassa in Pesth:

"After artificial respirations and other restoratives had been tried in vain, Balassa, as a last resort, opened the jugular vein. It was many seconds before the first drop of blood came from the wound, but at last it began to flow, and therewith came first one, then a second, and a third inspiration; finally the heart again commenced to act, and the man was saved. The witnesses of this scene long remembered Balassa's joyous exclamation, 'O él—he lives!'"

On regarding the well known fact that so *very* many of the deaths from anæsthesia have occurred in very slight operations, explorations, and even adjustment of apparatus for deformity, where little or no blood was lost, and in graver operative procedures before much blood had escaped, it appears to me that the loss of a certain amount of blood during narcosis conduces to the safety of the patient. And this appears more probable when we look at the happy results of venesection in the foregoing case of Balassa. A. A. H.

Remedies for Elephantiasis Græcorum.

The juice of the Assacú tree (Hura Braziliensis), and the bite of the rattlesnake are regarded as remedies for elephantiasis Græcorum by some of the people in Brazil. (*Reise der Oestr. fregatte Novara*, Wien, 1864, Dr. Karl Von Schertzer.) The Assacú grows in the province Para, and when incised exudes a brownish or reddish-white juice, which is resinous, and thickens slowly, and finally hardens. The hardened mass is dark-brown, has more the appearance of gum than resin, and is quite soluble in water.

A commission of the physicians of Para long ago called attention to the beneficial effects of the Assacú in elephantiasis. Their report states that even on the first day after the use of this remedy is begun, wonderful improvement is shown; the disease appears to stand still, or, at least, to make very slight progress. The patients take the juice in the form of pills, drink an infusion of the bark, and also use this as a bath. Some patients claim to have felt formication at the seat of the disease on the day when the remedy was taken.

(The above account sounds a little too miraculous to be immediately credited by European or North American physicians, but it would no doubt be worth a little trouble to try the remedy.)

Dr. Von Schertzer also gives the details of a case in which a man affected with elephantiasis, allowed himself to be bitten by a rattlesnake, (cobra de cascavel,) he was then carefully watched by physicians; in 24 hours death relieved him of his earthly ills.

Pharmaceutical Preparations.

We have received some specimens of medicinal cod-liver oil, cordial elixir of calisaya bark, and ferrated elixir of bark, from Hegeman & Co., chemists and druggists, New York city. They are of excellent quality, and present the ingredients in a very palatable form.

Curare.

Curare comes from Para, Brazil, and is made from the juice of the strychnos toxifera. A peculiarity of curare, also met with in other organic poisons, is that it only acts toxically when it reaches the blood channel; and is

innocuous, even remedial, when introduced into the system by other avenues. Iodide of sodium is in Brazil spoken of as a certain antidote to this poison, and mingled in equal quantity, in solution, the former is said to prevent the action of the latter. (*Reise der Novara une die Erde*, Wien, 1864.)

Medico-Legal Queries.

[A correspondent sends us the following case, with appended queries. They are of general interest, and we shall be glad to hear from any reader versed in post mortem appearances.]

"An infant, age one day, supposed to have been murdered, after ten days' interment, was submitted to a post mortem. On examination, decomposition was found in an advanced stage, skin sloughing, and body generally mottled and discolored, and swollen. Two dark spots on each frontal bone, one especially, on the left, was noticed, the tissues underneath being of a deep, livid color when cut into, and differing from the surrounding skin, and cellular substance, bone, and periosteum, and brain under this spot apparently without any unusual appearances, save partial decomposition.

"Query.—Can any confidence be placed in such cadaveric spots in the tenth day of decomposition?

"2d. Would not the cranium be broken and brain disorganized by an ante mortem force causing such deep infiltration and discoloration?

"3d. Can the brain give evidence of strangulation (before death) after ten days of decomposition?

"4th. As a general rule, in a medico-legal point of view, can skin and tissue spots be relied on where the body is offensive, suggillated, mottled, and evidently disorganized ten days after death?"

—— Prof. Karl Braun, the distinguished obstetrician of Vienna, has been inaugurated as "Rector Magnificus" of the University there. At the ceremony, for the first time since the foundation of the University, a Protestant dean, Prof. Brücke, officiated. Prof. Braun was born in 1823, and appointed Professor of Midwifery in 1856.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Treatment for Poisoning from very large doses of Opium, Belladonna, and their Alkaloids.

Editors Medical and Surgical Reporter:

I would respectfully submit the following cogitations to the judgment of wiser heads.

Say a very large portion of atropia has been taken into the stomach, and after a thorough evacuation of that organ we find narcotism steadily increasing, and doing so during a longer period than is required by the blood to pass over its entire route. The augmenting toxical symptoms are not alone due to the longer sustained impression on the nerve centres of the poison already in the blood,—indeed *its* power should even become diminished by diffusion, decomposition, and excretion,—but also to the absorption of fresh particles, which may have been retained in the bowel, or in the extravascular tissues of the stomach.

If we can, therefore, interfere with absorption until a physiological antidote has had time to act, and until the system can cast out the offending material, we may cherish a reasonable hope of saving an otherwise doomed life.

It is well known that vascular engorgement interferes materially with the process of absorption; that water, holding salines in solution, has been thrown into the veins in the collapse of cholera, not only without injury, but even with temporary benefit, that opium and belladonna are antidotal to each other.

Taking this into consideration, I propose to produce general congestion by the transfusion of blood-warm water into the veins, to as great an extent as can be safely borne, being guided by the tension of the radial and temporal arteries. While this would greatly obstruct absorption from the alimentary canal, it might not prevent it to so great a degree from the subcutaneous surfaces; and I would, therefore, use sufficient morphia, by the hypodermic method, to counteract atropia, (or *vice versa*), being guided as to quantity by its apparent effects. In case the antidote did not act by this channel, I should very carefully, and little by little, add minute portions of the drug to the liquid used for transfusion, until by the effects produced a proper dose could be arrived at.

It is a question in my mind whether healthy human blood would not answer a better purpose than the warm water; but this can only be de-

cided by experiment on the lower animals. If we used living, healthy blood, we might, with advantage, at the same time abstract a lesser quantity of the poisoned blood.

After these measures have been carried out, we should endeavor to rid the alimentary canal of any remaining poison, by purgatives and emetics, which do not depend upon absorption for their activity, as metallic mercury, and large clysters for purgation, and mustard for emesis; if the patient is unable to swallow, use an œsophageal tube. Also give olive-oil in pretty large quantity; this *may* prevent absorption to some extent, as is testified by experienced topers, who often fortify themselves for a competitive drinking bout, by taking a few spoonfuls of the oil before commencing to tipple.

The after treatment must be adapted to the symptoms. Should the loaded vessels not be relieved by diaphoresis, diuresis, etc., a drastic cathartic would probably accomplish the purpose; an apoplectic or inflammatory tendency might call for venesection. Rest in bed for a few days should be enjoined; and we may be called upon to use stimulants and tonics.

You may think from the foregoing, that a perusal of Prof. J. Aitken Meigs' inaugural address, on the "Correlation of the Physical and Vital Forces," has disposed me to treat the human organism like a mere machine; and I will admit that in those cases of disease, in which I have been able to apply an analogous mode of reasoning to that pursued by the mechanician when he seeks to remedy a defect in some complicated piece of machinery, the result of treatment based on such rationale has been vastly more satisfactory than in cases which were enveloped in the mystery of ignorance, and were treated empirically.

I hope that some one may be sufficiently interested in this matter, to test the main points of the treatment on the lower animals.

A. A. Hœhling, M. D.,
Surgeon U. S. Navy.

Philadelphia, Nov. 5th, 1868.

Plastic Surgery.

Editors Med. and Surg. Reporter:

Mrs. Bunker, aged 55 years, residence Lake Avenue, on April 10th, 1867, at 11½ o'clock, A. M., while cutting with a cooper's draw-knife shavings to kindle a fire, cut off the index finger so completely, that the part detached fell upon the floor. I saw her in about half an hour after the accident, and applied the detached portion, and retained the part in situ with the aid of adhesive plasters. The cut surfaces oozed blood for three days, at which time I dressed the wound, and the oozing ceased. I dressed the wound about once a week carefully; the parts healed, and united kindly; and even the nail retained its vitality, showing the great curative effects of nature, if we see fit to render assistance in the proper time.

L. McKay, M. D.

Rochester, N. Y., Nov. 15th, 1868.

Action of Chloroform.

Editors Med. and Surg. Reporter:

As chloroform is an intensely interesting topic to every physician, I very eagerly scan every article I find in anywise relating to it.

With such interest did I scan Dr. McElroy's article in the number for Oct. 24th. I am as much interested in the 'Philosophy of Force," as most persons who give it earnest thought; and I am firmly persuaded that Tyndall, Huxley, Spencer, and others, are now engaged in a work, having this philosophy as a basis, which will shed new light upon mental, as well as all other science.

Medicine surely will come in for a due share of the accruing good; and as Dr. McElroy has led off in such good style, we shall all be greatly indebted to him for *more light*. However, I hope the Doctor will allow of the suggestion, that it be as practical as possible. Chloroform, no doubt, *disturbs in some way the dynamics* of the nervous tissue, but this is merely stating the question, and is no solution.

Allow me to state a case that recently occurred in my practice, one attended with a valuable practical lesson.

I amputated at the junction of the upper and middle third the right arm of a boy four years old, in consequence of a severe injury to the limb. It required a good deal of chloroform to produce anæsthesia. After I had ligated the vessel, it was discovered that the little fellow was rapidly sinking. Several teaspoonfuls of whisky were given, as long as he could swallow, water thrown in his face, etc. By this time the pulse had become almost imperceptible, and the movements of the thorax had almost ceased. Just at this juncture I thought of elevating the table, and as soon as the body was brought to about an angle of forty-five, the respiration and pulse almost *immediately improved*. This was even readily observed by unprofessional persons present. I am indebted for the suggestion of this posture in such cases, to some recent writer in your journal, I forget the name.

Now, will Dr. McElroy tell me how this was brought about? Of course I know the additional flow of blood to the head caused the train of more remote vital processes which ended in recovery; but the brain was not empty, and in what way does the additional amount cause the effect produced? Does chloroform have any tendency to *decrease* the amount of blood in the brain, thereby causing the heart to fail in its functions, or does the drug directly act upon the heart?

Hoping that Dr. M. will bring his erudition in the "Philosophy of Force" to bear on this subject, I remain very respectfully,

J. C. Mobley, M. D.

Hernando, Miss., Nov. 5, 1868.

News and Miscellany.

Antoine Clot-Bey.

The following from the *Messager de Toulouse*, we copy from the *Medical Times and Gazette*.

"Clot was one of the most intelligent and, at the same time, one of the poorest practitioners of Marseilles. He lived as a Bohemian, ill-clothed and ill-fed, drawing teeth now and then for the sailors, dining a little better when the extraction of a few molars put a little in his purse. Mehemet Ali, having taken it into his head to import civilization into Africa, commissed General Lirron to expedite workmen, surgeons, savants, merchants, etc., to Egypt, each workman to receive 150 francs besides a free passage. Dr. Clot presented himself with a seedy coat, holes in his boots, and a shapeless hat. 'General,' he said, 'I am a Doctor in Medicine—here is my diploma. I have plenty of courage, but no clothes. All I ask is to try my fortune.' The general selected him. When Mehemet Ali passed his French consignment under review, he found that there was not one of the newcomers able to exchange a couple of words with him. Still Mehemet understood Italian, and one of the emigrants only were found who could speak that language fluently. It was Dr. Clot. Conversation was rapidly set up, and Clot as rapidly became a favorite of the Viceroy. Six months afterwards a School of Medicine and Hospital were founded. Clot studied Arabic so effectually as to be able to speak the language and peruse the Medical writers. He delivered his lectures in that language, received a commission in the army, and became Bey at the same time as Colonel Selves became Pacha under the name of Soliman.

"Clot abdicated neither his nationality nor his religion, continuing all his life a Frenchman and a Catholic, and always employed all his influence for the protection of the Catholic missionaries. This point is to be insisted upon, as he has been accused of apostacy. He repaired, however, several times to Rome, where he was well received, thanked, and encouraged by the Pope. In fact, he lived and died a Christian. Many were the difficulties he had to overcome. Mussulman fanaticism interdicts all anatomical studies, and when he proposed dissections there was a general explosion. The ulemas, the muftis, and devotees of every description besieged the Viceroy and demanded of him the closure of the school. Dissecting bodies were indeed a profanation. Mehemet put them off, and bade Clot Bey commence his demonstrations. The Professor, forceps and scalpel in hand, opens the chest of a corpse, when one of the students, more fanatical or bolder than the others, rushed upon him and stabbed him with a poignard. The blade slid over the ribs, and Clot Bey, perceiving that he was not seriously hurt, took a piece of court plaster from his dressing-case, and applying it to the wound, observed to his class—'We were speaking of the disposition of the sternum and the ribs, and I now have to show you why a blow directed from above, had so little chance of penetrating the cavity of the thorax.' This proof of *sang-froid* gave him an incontestable moral ascendancy over his pupils. He continued his lectures, and turned out some skilful practitioners. He was Officer of the Legion of Honor, and Commander or Grand Cross of almost every order of the world, having more than sixty decorations, although never wearing other than the red rosette, the cross of his own country. In one of my conversations with him, I asked him his matured opinion on the plague of the East, a disease which he had studied for a quarter of a century, and had so successfully combated. 'Is it contagious?' 'Certainly not. For eighteen years it has existed wherever I have been. I have passed entire days in visiting patients, changing their position with my own hands because no one else dare touch them. Well, after thus being in contact with hundreds of them, I have gone home and have found running to meet me my only daughter. She would throw her arms around my neck, and I pressed her to my heart, never for an instant believing that I exposed her to any danger. I entirely deny contagion.'"

Monopoly in Medical Advertising.

The *Medical Times and Gazette* says: "By an editorial note in the *New York Journal* we learn with great surprise that a journal which occupies so deservedly a high position, and enjoys so large a circulation as the *American Journal of Medical Science*, steadily refuses the insertion of any advertisement relating to books written by authors however eminent, if these are published by any other house, however respectable, than that of its own proprietor, Mr. Lea of Philadelphia. The writer observes:

"'All members of the profession are entitled to expect that each medical journal shall consent to advertise medical works written by proper men, and published by houses of respectability other than that responsible for the journal in qustion. The refusal of such advertisements, and their exclusion from a medical journal aiming to represent American Medical literature, must show a spirit at variance with that exalted purpose, which should give the tone to all Medical journals, and even impair confidence in the fairness of reviews of publications of rival houses.'

"Well, we certainly in this matter exhibit a more liberal spirit than our American cousins. Nowhere can the competition of medical and literary journals be more keen than it is in London, but certain it is that no publisher who might be proprietor of any of them would ever dream of depriving a rival of his legitimate publicity. With regard to the American journal in question the case is especially hard, as it is almost the only one that circulates everywhere, all over the Union and in Europe. For ourselves we have often felt the want of complete lists of new American books, similar to those with which we are so abundantly furnished of our own productions."

New York Medical Colleges.

The College of Physicians and Surgeons has abandoned the preliminary course, commencing its regular term a fortnight earlier, on the 1st of October. Some advantages might follow the adoption of this plan by all the schools, so that the first of October should come to be generally recognized as their regular opening day; but as yet the others hold the preliminary course in favor. The college building has been renovated, and greatly improved in the matter of ventilation and convenience.

At the Medical Department of the University, Prof. Darling has initiated a movement for the encouragement of dissection among practitioners in the city, the ticket of Practical Anatomy being offered gratis to all graduates, in regular practice here, who have before pursued a course of dissection. The amount of clinical instruction given in this college has been increased; while its proximity to New York Hospitals gives the students ready access to the excellent clinics there held.

At Bellevue Hospital Medical College the resignation of their active duties by Profs. Taylor and Wood has effected considerable changes in the obstetrical and surgical departments. In the former, Profs. Elliot and Barker will now exchange subjects every year, each giving didactic lectures during one half of the term, and clinical instruction during the other half. This season Dr. Barker takes Midwifery, and his colleague the Diseases of Women and Children. In the surgical department, Prof. Hamilton resigns to Prof. Van Buren the Principles of Surgery, retaining Practice of Surgery, and taking from Prof. Wood the chief part of Operative Surgery. Prof. Van Buren retains Diseases of the Genito-Urinary System, and their operative treatment. To Prof. Mott's chair of Surgical Anatomy are now attached the Operations upon Arteries, Aneurism, and Hernia. Prof. Sayre retains Orthopædic Surgery, and the operations pertaining to it.

The Woman's Medical College of the New York Infirmary starts with a progressive plan of instruction, embracing a three year's course, with annual examinations—a feature which our older colleges would do well to emulate. In the Faculty are some of our younger men who have already distinguished themselves in special fields of investigation, and the Board of Examiners includes some of the ablest professors in our other colleges. This school is fortunate in having secured for its departments of Chemistry and Materia Medica, the use of the rooms and apparatus of the School of Pharmacy.

All the schools will reap the benefits of the new Clinical Theatre, which is soon to be erected in connection with Bellevue Hospital. An excellent design is already accepted.—*Medical Record.*

Anecdote of Hyrtl.

Professor Hyrtl and a Student.—A short time since a student of medicine, whose zeal was greater than his purse, applied to the Professor for his ticket, but asked that payment might be deferred. His request was denied in spite of all protestations. The student departed in despair, but a comrade, who understood Hyrtl better, gave him some advice upon which he acted the next morning. Approaching the Doctor he ex-

claimed, "Sir Aulic Counselor! I owe Professor Hyrtl for his course of lectures. I beg you will lend me the amount." The Professor indulged in a smile of satisfaction, drew forth his purse, and said: "Here, *amice*, are ten florins; pay your college fees." The student took the money, and answered with great decision: "I beg pardon, Sir Counselor, I owe 10 florins and 50 kreuzer (the third of a cent), Professor Hyrtl does not excuse a penny." "You are right," replied Hyrtl, "and he is also right; here are the 50 kreuzer. Remember me to the Professor." (*Ungar. Med. Presse*, 16 June, 1868.)

The Climate of Minnesota.

The following letter, by Dr. I. Farrar, dated St. Paul, Minnesota, Sept. 24, 1868, has appeared in several papers. The subject is an important one to the public, and we should be glad to have additional information on it, not in the way of assertion, but by careful statistics of hygrometrical and thermometrical observations.

"I am sorry to say there have been many fabulous accounts published in our eastern papers in regard to the climate of this new and enterprising State, viz., its 'non-piercing winds,' , mild winters,' 'dryness of atmosphere,' and that the resident of this clime was never annoyed with sudden changes of weather, etc.

As to the latter, allow me to say that a more changeable climate from one extreme to another, I have never experienced in this country. The changes are more sudden, too, than they are in the New England States, thus making this climate totally unadapted to patients suffering with bronchial or catarrhal complaints, though hundreds are annually sent here by their physicians and friends. It has been intensely cold, with heavy frost at night, for the past two weeks, and last evening we had our first snow storm.

The climate in Minnesota has its peculiarities; and in not a few instances the consumptive invalid will improve far beyond our expectation, providing he don't come too late, as thousands have and are still doing. I have seen no evidence of the dryness of the air here in the interior of the State. I have yet to learn of a single instance wherein a patient with bronchial or catarrhal disease has been in the least benefited by this climate. But, on the other hand, they are maladies continually originating in this State. Not a few such have consulted me in regard to their cases since my brief sojourn in St. Paul. I invariably send all such, (or rather advise them) to spend the winter in Aiken, South Carolina—unless such patients prefer to go to Cuba or California. A climate so changeable and subject to such severe currents of wind as this, should not be sought after by the invalid in the last stage of consumption. It is universally conceded that the climate here has materially changed within the past few years The mornings are very foggy, rains more frequent, the snow melts in midwinter, things unknown to many of the older residents in years past.

I have written just what I consider a true state of affairs, without prejudice; and should it prevent a single sufferer from leaving his home at the "eleventh hour," where he is surrounded with every comfort, for this cold and unadapted clime, I shall consider I have been well paid for the information rendered."

Surgery by Lightning.

The London *Lancet* says:

A boy of twelve, belonging to Korsk (Western Russia), who used to walk with a crutch, on account of anchylosis of the right knee, was on horseback in the fields, when he was overtaken by a violent storm. After a severe clap of thunder, the horse ran away, and the boy, completely stunned, fell to the ground. When his senses returned, and he tried to rise, he found that his right leg was gone. His uncle, who had ridden by his side, and his own horse had disappeared. The poor boy, at first somewhat collapsed, fell asleep. His companion, however, at last returned, after having secured the horse, and on examinining his nephew, he observed that the right leg was entirely wanting. The patient's shirt and clothes were in shreds, and burned along the seams, and on the body were many scars. The boy was conveyed to the village in a cart, suffering severely in the stump, and much alarmed at the hemorrhage, which, however, soon stopped. A few days afterward, Dr. Ragowitch found a regular wound, as usually made by the amputating knife, surrounded with granulations, and presenting in the centre a few gargrenous spots. The division had been effected by lightning, through the superior extremity of the tibia, the patella and femur being intact. The healing of this wound was very rapid, and by the use of ordinary means. The severed leg was found on the grass several days after the accident, just where the boy had been thrown from his horse. It was quite dried up, and emitted no smell, the tibia being quite black, and stripped half down the leg. These facts are mentioned in the *Berl. Klin. Woch.*, No. 21, 1868, and guaranteed by Dr. Sycyanke.

A Modern Sampson.

In Dr. Alfred Booth's Reminiscences of Springfield, Mass., occurs the following account of Deacon Hitchcock: "Born in 1722, in the North Main street region, he removed while a young man into the east part of the town, now known as South Wilbraham, married in 1743, and was the first deacon of the church there, continuing in office many years. He is well remembered by the Hon. Oliver B. Morris, as occupying the deacon's seat at meetings, his whitened locks giving him a venerable appearance. During a long life he was of wonderful strength, agility and endurance, and had he lived in the palmy days of Greece, he would have been a worthy competitor in the games of those days. It is related of him that on one occasion, a man riding by the field where he was at work and boasting of the speed of his horse, was challenged by the deacon, who said he could run to Springfield quicker on foot than the horse with his rider could. The test resulted in the triumph of the deacon, distance ten miles, time not stated. He would lift a cart-load of hay by getting his shoulders under the axle, in a stooping posture, and throw an empty cart over with one hand, by taking hold at the end of the axle-tree. When loading grain in a cart he would take a bag by the teeth, and with a swing and the aid of a push from the knee, throw it into the cart. He had double teeth in front, and would hold a ten-penny nail by them, and break it off with his fingers.* He used to say he did not know a man he could not whip or run away from. The day he was seventy years old, he remarked to his wife that when they were first married he was wont to amuse her by taking down his hat with his toes, and added, 'I wonder if I could do it now!' Thereupon he jumped from the floor, took off his hat with his toes, came down on his feet like a cat, hung up the hat on the nail, turned to the table, asked a blessing, and ate of the repast then ready."

Physicians' Mutual Aid Society.

The Physicians' Mutual Aid Society met on Saturday evening, November 14 in New York and completed its organization by the election of three additional directors and two secretaries.

The object of the association is simply to afford the heirs of its deceased members, by the immediate payment of one dollar from all those admitted under fifty years of age, and two dollars from those admitted over fifty years of age, when informed of the death of their associates. Any regular member of the medical profession of the counties of New York, Kings, Queens, Richmond, and Westchester, in good health, and actual practice, and under seventy years of age, may become a member.

* This must have been a *wrought* nail, as the present mode of making nails had not then been introduced.—[Eds. Med. and Surg. Rep.]

—— The case on trial in Bangor recently, George Chase *vs.* Dr. Calvin Seavey for malpractice in setting plaintiff's leg, came to a sudden end, when the fact came out in the testimony, that during the absence of the defendant, the leg which the defendant was employed to set was taken out of the box. The counsel for the plaintiff deemed it for the best interest of their client to become nonsuit.

—— There are so many quacks in London who assume the title of M. D., that the publishers of the *London Directory* have determined to expunge in future editions of that work, from the list comprising the names of physicians and surgeons all those not registered under the Medical Act of 1858.

Last year Gopsill's *Philadelphia Directory* discriminated between regular and irregular practitioners of medicine. As we have no medical laws that are worth anything as a protection to the community, this is the best thing that can be done.

—— Dr. Paul Broca has been appointed Professor of Surgery in the Hospital Clinic of La Pitié, Paris. Dr. B. was already Professor of Surgical Pathology in the Prussian Medical Faculty, and was one of those accused of materialism recently in the French Senate.

—— A bill has passed the Vermont Legislature, giving the body of an executed criminal to any regular medical school. An unique argument in favor of its passage, was that the delivery of the body for dissection would add a new terror to the death penalty, and deter from the commission of crime!

Army and Navy News.

Navy News.

List of changes, &c., in the Medical Corps of the Navy, during the week ending Nov. 21, 1868.

Surgeons T. M. Gunnel, and J. C. Spear, to be detached from U. S. S. Franklin on the 1st proximo.

Passed Assistant Surgeon D. R. Bannan, detached from the Franklin, and waiting orders.

Surgeon N. L. Bates, ordered to the U. S. S. Swatara.

Assistant Surgeon Alfred Griffith, detached from the Naval Academy and ordered to the Swatara.

Passed Assistant Surgeon Thomas Hiland, to be detached from the Swatara on the reporting of his relief.

Assistant Surgeon Wm. S. Willes, ordered to the Naval Academy, Annapolis, Md.

Passed Assistant Surgeon F. L. DuBois, ordered to the Naval Hospital, Chelsea, Mass.

Surgeon Charles Martin, ordered to temporary duty on board the Franklin, and to be transferred to the Ticonderoga on falling in with that vessel.

Passed Assistant Surgeon, H. P. Babcock, detached from the U. S. S. Michigan and ordered to duty on board the Franklin.

Assistant Surgeon George Otis Allen, detached from the Naval Hospital, Chelsea, and ordered to duty on board the Franklin.

Surgeon R. C. Dean, detached from the Naval Retiring Board, Philadelphia, and ordered to the Michigan.

Surgeon Thomas Dillard, ordered to duty on the Naval Retiring Board, Navy Yard, Phila.

Surgeon Joseph Beale, detached from the Naval Medical Board, Phila., and ordered to the Naval Rendezvous, Philadelphia.

Surgeon Charles Eversfield, ordered to duty as member of the Naval Medical Board, Navy Yard, Philadelphia.

Passed Assistant Surgeon F. M. Dearborne, detached from the Receiving Ship, at Boston, and ordered to the U. S. S. Wasp.

Assistant Surgeon Wm. V. Marmion, ordered to the Receiving Ship Ohio, Boston Mass.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Carr—Clark.—At the Thirty-fourth Street Reformed Church in New York, on Thursday, Nov. 19, by the Rev. Isaac Riley, John F. Carr, of San Francisco, Cal., and Annie Clark, daughter of Peter F. Clark, M. D., of that city.

Fahnestock—Fahnestock.—Nov. 19, by Rev. J. Isadore Mombert, D. D., Dr. H. A. Fahnestock, of Annville, Pa., and Emma Ellmaker, daughter of Geo. Fahnestock, Esq., of Lancaster.

Fulsom—Johnson.—In Saco, Me., Nov. 12, by Rev. Benj. Wheeler, Dr. A. P. Fulsom, and Julia M. Johnson.

Judson—Haughwout.—At the Madison Square Presbyterian Church, New York, Nov. 19th, by the Rev. Geo. D. Boardman, of Philadelphia, assisted by the Rev. Wm. Adams, D. D., Adoniram B. Judson, M. D., and Anna M., daughter of the late Peter N. Haughwout, of Port Richmond, Staten Island.

Kinnaman—Orr.—Nov. 4th, at the parsonage in Mt. Pleasant, Iowa, by Rev. J. C. McClintock, Mr. H. A. Kinnaman, of Keokuk, Iowa, and Clara, daughter of Dr. W. L. Orr, of Ottumwa.

Orth—Jennings.—At Lafayette, Ind., on Nov. 12, Dr. Wm. M. Orth and Miss Gertrude, daughter of the late Dr. Jennings.

DIED.

Cockcroft.—In New York, Nov. 22, Emma Louisa, wife of Wm. Cockcroft, M. D., and youngest daughter of the late Abraham Fardon.

Tevis.—Nov. 5th, in Milton township, Jefferson co., Ind., Dr. Benj. Tevis, aged 62 years.

ANSWERS TO CORRESPONDENTS.

Dr. Z. E. B., of Mich.—Only one number of Brown Sequard on Functional Diseases of the Nervous System has been published.

Dr. J. D. C., of N. Y.—The best practical work on the Microscope with which we are acquainted is Beale's. Price $7.00.

Dr. R. D. M, of O.—The medical botanies you mention are the best; no recent work on this branch with colored plates, has appeared.

Dr. E. N. S., of Pa.—"What do you think of Dr. Ander's Iodine Water?" It is a humbug.

"Is there any medical board sitting now to examine candidates for the position of Assistant Surgeon in the U. S. Army?" There is not.

Dr. E. N. H., of Ky.—"I have a case of ulceration of the uterus, which is very hard to cure. I have applied the nitrate of silver and tr. iodine to the uterus, and used injections of chlorate of potassa with but little benefit. My patient has small ulcers around the mouth of the uterus, and often, in making an examination with the speculum, it is almost impossible to see the mouth of the uterus, as it is turned toward the rectum so far that it cannot be brought to view. She has had a bad feeling on top of her head, pain in the region of the ovaries, also an incessant backache, and also has leucorrhea slightly. Now will you give me the very best treatment of the case through the columns of the Reporter? I am very anxious to cure this case, as others that have tried have been unsuccessful. To look at this patient, you would not think that she was suffering from any disease, with the exception that her skin has a dingy color, which I believe is very common in uterine diseases. What do you think of helonin and *sencein*, so much praised by the Eclectic school as great uterine tonics?"

We have no faith in helonin or sencein. Try sulphate of zinc locally, and ferrugineous tonics with cinchona internally, *attending to digestion*, and see if there is not anteversion in the case. If so, reduce it. See also if there is any tenderness in the lower portion of the spine; if so, that will be an indication for treatment.

Contraction of Plantar Muscles.

Messrs. Editors.—Your correspondent, Dr. C. F. B, of New Jersey, seeks your advice in a case of clonic contraction of the plantar muscles. (Reporter of Nov. 7th.) I recently had a somewhat similar case in my practice, in which (as you suggest) I resorted to hypodermic injections of morphia (gr. 1-5). *One* operation brought decided relief to my patient, and I have not been oblige to repeat it, as there has been *no* return of the difficulty. The patient was a female, aged 35, of nervo-sanguine temperament. The trouble had only been of short standing, but had apparently been aggravated by an exposure to cold.

Geo. A. Sterling, M. D.

Sag Harbor, Long Island.

METEOROLOGY.

November,	9,	10,	11,	12,	13,	14,	15.
Wind	S. W.	S. W.	N. W.	N. W.	S. W	W.	N. E.
Weather	Clear.	Clear Hazy.	Cl'dy. Rain.	Clear.	Clear	Clear.	Clear.
Depth Rain			6-10				
Thermometer.							
Minimum	52°	51°	43°	29°	28°	33°	40°
At 8, A. M.	58	58	49	36	38	44	44
At 12, M.	67	70	49	44	50	54	50
At 3, P. M.	66	69	47	43	51	53	53
Mean	60.75	62.	47.	38.	41.75	46.	46.75
Barometer.							
At 12, M.	29.9	29.8	29.8	30.2	30.2	30.1	30.1

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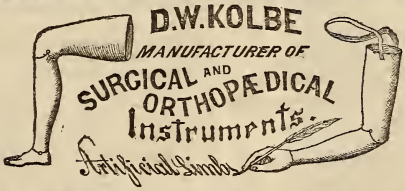

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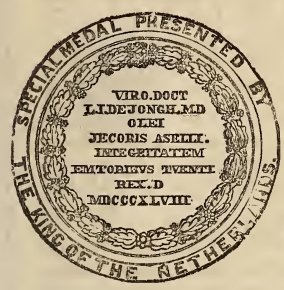

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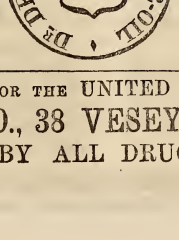

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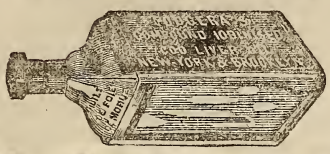

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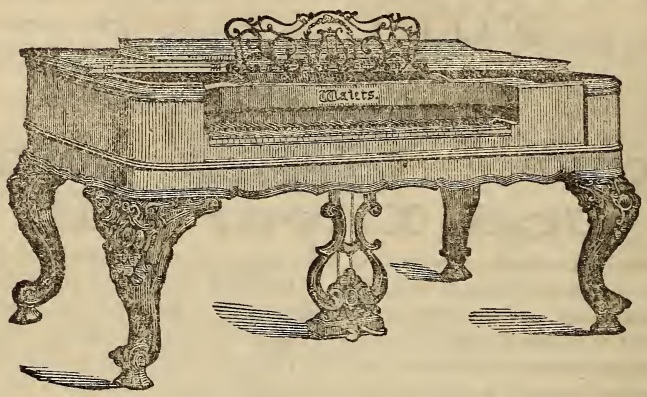

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THE

MEDICAL AND SURGICAL REPORTER.

No. 614] PHILADELPHIA, DEC. 5, 1868. [Vol. XIX.—No. 23.

Original Department.

Communications.

NITROUS OXIDE.

By H. M. Lilly, M.D.,
Fond du Lac, Wis.

This gas is coming into very extensive use by the dental fraternity, and a growing interest in it is likewise apparent in the medical profession.

For nearly two years a twenty gallon gas holder has been standing in my office, and during that time I have made very frequent use of the gas as an anæsthetic. My experience with it has led me to consider it the very prince of anæsthetics. The only drawbacks to its usefulness lie in the inconveniences of manufacture and manipulation. If the gas is carried from the office, it must be carried in a bulky gas-bag. And the gas-bag that is needed is not an *elastic* rubber gas bag, but an *inelastic* flexible bag. The patient does not want the gas blown into his mouth by the elastic force of India rubber, nor does the administrator want the gas wasted by such a futile performance The patient's respiratory muscles are abundantly able to employ a flexible inelastic bag with ease and tranquillity. Why will not our gas bag makers take the hint and supply the market with a properly made gas-bag for this purpose? After spending twelve or fifteen dollars in obtaining the usual "gas bags". I packed them all away in a drawer where they have lain for a year in oblivion. A "rubber blanket" brought home from the army was cut in two, and with the help of gutta percha for a cement, two inelastic gas bags of eleven gallons each were made, which are still doing me faithful service.

Professor Andrews in the November number of the Chicago *Medical Examiner* has written an interesting article on the mixture of oxygen with nitrous oxide for anæsthetic purposes.

There is a chemical advantange from this mixture as well as the physiological advantages pointed out by Professor Andrews. For if any deutoxide of nitrogen is present in the nitrous oxide as an impurity, the oxygen will promptly convert it into nitrous acid, which will speedily be absorbed by the water over which the gas is stending.

But why mix oxygen with the nitrous oxide in proportion of one-half, one-third, one-fourth or even *one fifth*? One fifth oxygen is the normal proportion of the atmosphere, and since reading Professor Andrews' article I have administered the anæsthetic once mixed in this proportion. In this case everything passed off pleasantly, and there was certainly a great improvement in the matter of keeping the blood duly decarbonized during the anæsthesia. The lips and skin, instead of becoming blue, retained their normal color. But as every such mixture dilutes and therefore weakens the nitrous oxide, why not put in *one sixth* only of oxygen where this mixture is used? We do not need for practical purposes, during the short time that anæsthesia endures, the full allowance of oxygen that our lungs are capable of absorbing. In giving chloroform it is only necessary that a certain per centage of air should be allowed to the lungs to avoid all danger of suffocation. I have filled my receiver with a mixture of one-sixth oxygen, and propose to try it as soon as occasion requires.

But how is it about the *liquid* nitrous oxide? Will not Professor Vander Weyde, or some other chemist, tell us about the needful apparatus for liquefying the gas, also whether we can handle the liquid safely and

with any more convenience than we do the gas At least one reader of the Reporter would be delighted to see an elaborate article on this topic.

ASTHMA: A NEW THEORY AS TO ITS PATHOLOGY.

By H. C. Barnard, M. D.,

Of Charleston, Ill.

(In Answer to Dr. J. G. F., of Texas.)

We are told in our books that asthma is caused by the spasmodic action of the elastic tissue of the bronchi and air cells of the lungs; at least that it is spasmodic in its nature. Now while no man has a higher regard for the authority of the great and learned men of the medical profession than I, yet I find so many facts that I cannot reconcile with this theory, both in the phenomenon and its treatment, that I have by a *post facto* reasoning convinced my mind of the fact, that, instead of a spasmodic action, so called, it is in fact the reverse. To arrive at a full understanding of the reasons that induced me to come to this conclusion, it will be necessary to review the anatomical and mechanical structure of the chest. It is well known that the chest is an air-tight cavity; there being but one point at which the air can gain ingress. The inner boundary of this cavity being the pleura or lining membrane, its external walls being partly muscular and partly osseous. This cavity is filled by the lungs, heart, and their large blood vessels, and these fill it equally in all its variations in size; as the chest expands they expand, receiving more blood and air, and as it contracts they contract, the blood and air passing out. Respiration is in itself mechanical, the result of well known laws, while the results are chemico-vital.

It has been divided into abdominal or diaphragmatic, and thoracic; in ordinary quiet respiration, which is performed without consciousness, or effort, the act takes place by the descent of the diaphragm, and with enlargement of the abdomen, the thorax remaining almost stationary.

In deep, or forced inspiration, these conditions are reversed; the thorax expanding, the abdomen receding, and the diaphragm rising.

Now the respiratory function is influenced by the nervous system in two respects, 1st, in the movements necessary for the entrance of air, and 2d, in the interchanges of the gases between the blood and air.

The nerves more immediately concerned in effecting the necessary muscular action in respiration, are the phrenic, thoracic, and pneumogastric; the two former being motor; the latter combining in its various distributions the functions of a "triple mixed nerve, having out of its own source motor, sensitive, and sympathetic, or ganglionic nerve fibre." The movements of ordinary respiration are necessarily independent of consciousness, and are under the absolute control of the medulla oblongata, which receives the impressions of the necessity of breathing through the pneumogastric nerve, and reflects it, as a nerve centre, to the phrenic and other motor nerves, which brings into co-ordinate and combined action the muscles necessary to inspiration.

But in the extraordinary respiratoey acts, such as one sees in dyspnœa, and asthma, the medulla oblongata calls into co-operative action many other muscles in addition to those commonly exerted, and, in fact, almost every muscle of the body may be called upon to act in concert, or in rapid succession, and indeed the peculiar feature of these cases, as I conceive, lies in extraordinary governing power of the medulla oblongated, exerted as a nerve centre, in combining in co-operative action so many nerves, to the one common purpose. Let us now turn our attention to the physical condition of the chest in asthmatic breathing.

In asthma we find the abdomen contracted, thorax distended, and the diaphragm elevated, with a marked depression at the epigastrium. This is just what we find to be the case also in a forced inspiration in health. Now, what caused the diaphragm thus to rise; because there cannot be a vacuum formed in the chest in consequence of the "residual air," and since the chest expands in proportion to the air admitted, it follows that we have a correct rule to determine whether the air enters the

lungs or not, for we always inspire more air in thoracic respiration, whether in sickness or health; and when the air is not admitted the chest will not expand.

Now for the test. Put the tape line around your patient's chest when in health, and direct her to fill her lungs to the fullest extent; repeat this as an experiment when she is laboring under asthma, and you will be astonished to find so little difference, and even perhaps, that difference in favor of the asthma, as I have often proved. Now try the usual test, I mean auscultation, and you will find the usual respiratory murmur either absent or imperfect, notwithstanding the expansion of the chest.

What does this prove? Why, first, that the air enters the lungs; and, second, that asthma is caused by deranged coördinate nerve action, and especially of that function which has to do directly with the chemico-vital interchange of gases between the blood and air; and, 3d, that the so-called respiratory murmur is the result of that interchange of gases. Compare these statements with the well known symptoms of asthma from its inception to the close of a paroxysm. First, we have, as premonitory symptoms, loss of appetite, languor, drowsiness, irritability, etc., followed by flashes of chilliness and heat, until the disease becomes fully developed, when the surface becomes cold and clammy, and often bathed in profuse perspiration; face pale, features shrunken and haggard, pulse small and irregular, urine copious, watery, pale, and without smell, just like the urine of hysterical women. For my life, I cannot make these symptoms harmonize with the theory of exalted nerve action, or, in other words, spasmodic action.

Now it is evident that if the chemico-vital interchange of gases does only imperfectly take place in the lungs, the system will feel the necessity for breathing as acutely as if only one-tenth part of air necessary to oxygenate the blood was admitted. In other words, it is not the amount of air that enters the lungs, but the perfect or imperfect interchange of gases that determines and controls the respiratory movements, and decides the question, asthma or no asthma. A faulty conformation of chest or peculiarity of system will give the predisposition, and then anything that deranges this chemico-vital action, whether functional or organic, will produce the phenomenon of asthma, as well when applied to their extremities, as to their roots, or in the course of their track, as the smelling of a rose, new mown hay, or ipecac., an eastern wind, damp weather, dry weather, organic lesions, tumors, etc.

In accordance with this theory, of course, anything that will restore this function by establishing harmonial nerve action, will arrest asthma and in this, as in many other diseases, the system often overcomes both the disease and the treatment, however inappropriate, but instead of relaxants and nauseants, such as tobacco, lobelia, *et sui generis*, I now use *stimulants*, and my favorite is CAPSICUM. This I give both during the paroxysm and *ad interim*, as a prophylactic, and I now have patients who confidently resort to its use whenever they feel any premonitory symptoms of a recurrence of the disease, with almost never-failing success. I say *almost*, for one of my patients has had two attacks in spite of treatment, within three years, whereas he formerly suffered as many times within a month.

The number now using the capsicum under my supervision is eight, and one of this number has used it over eight years. The last time I saw her (four years ago) she told me she now had no fears of asthma, and felt herself perfectly able to control it, and of the remaining seven, none have ever had an attack since using the capsicum, so far as is known, except the case cited above.

I learn that some one in Europe has recently recommended electricity, and I have no doubt of its efficacy, and I now think the addition of strychnia would improve even the capsicum, and I have resolved to test it in the next case I get. Hoping, sir, that you will pardon this long letter, and report the results of your experiments, should you conclude to test it, I am, with most respect, your well-wisher.

A CASE OF AMPUTATION OF THE FOURTH, FIFTH, AND PART OF MIDDLE FINGER, WITH THE USE OF CARBOLIC ACID.

By Wm. F. Buchanan, M D.,
Captain and Assistant Surgeon U. S. A.

The following is given in substance as recorded at time of occurrence of the accident, and during the progress of the case, illustrating the use of carbolic acid in minor surgical operations.

Private P. P. (colored), Co. G, 38th N. J. Infantry, æt. 22, whilst standing guard on railroad bridge, 10 miles east of Fort Hays, Ky., on the night of July 31st, 1868, was surprised by the approach of the train, and being unable to get off the bridge in time for the passage of the cars, dropped himself through the bridge and swung by his hands from the cross ties; but in his fright hung by one hand (right,) on the track, the entire train passing over it; crushing the bones of the ring and little fingers, and the extremity of the third phalangeal bone of middle finger, lacerating and contusing the soft parts of middle finger and external border of hand. The patient suffered great pain, with much nervous irritability; it was found necessary to amputate the injured parts, and an effort was made to save as much of the hand as possible; one-fourth of a grain of morphia sulphas was administered. In the afternoon the patient was brought under the influence of anœsthetics, the fourth and fifth fingers amputated at the metacarpo-phalangeal articulation by the oval method, and the middle finger in the continuity of the second phalangeal bone, forming a single flap from the anterior surface of finger; there not being sufficient tissue left to form a flap by amputation at the phalangeal joint; the torn parts on the back of the hand and side of middle finger were brought into apposition and retained by the interrupted suture, as well as the flaps of the operation, it did not become necessary to ligate any arteries.

The internal surface of the flaps as well as the whole surface of the contused parts were well washed with a solution of carbolic acid, one part to thirty of water, previous to their being closed; cold water dressing was ordered, with the occasional use of a weak solution of carbolic acid, one part to 200 of water, and pulv. Doveri, gr. xv. at once.

August 12th. The flap of middle finger has united by first intention, and the torn parts on side of same finger have healed kindly without suppuration, the rest of the hand has not done so well; for the first few days after the operation it did splendidly, and it was thought the whole would unite without suppuration; this, however, was an unfavorable case for a proper test of the efficacy of the carbolic acid treatment, the contusion being so great as to deprive a great portion of the tissues almost entirely of its vitality, and the patient not keeping his hand at rest, or giving it the attention it required; though the healing of the middle finger after amputation of phalanged bone in its continuity, with the attempt at first union of the other parts, would argue its usefulness in properly selected cases.

August 19th. Sloughing of the flaps at the metacarpo-phalangeal amputation and the border of the hand has taken place, and is very offensive, the phalangeal extremities of the metacarpal bones are fully exposed; the carbolic acid was discontinued, the dead parts of the soft tissues were gradually removed, and sal. sodæ chlorinatæ ʒj. to aquæ, f.ʒvij. applied twice daily, with water dressing.

August 31st. Patient's hand has done well with the use of chlorinated soda, the reparation process being at onced established under its use; the sloughs removed and healthy granulations of the whole surface, the exposed bones are nearly covered by good granulations without necrosis.

Sept. 20th. Patient has recovered with a veay serviceable hand.

SUCCESSFUL RESECTION OF THE ENTIRE WRIST JOINT AND EXTREMITIES OF THE *RADIUS* AND *ULNA*.

By J. J. Knott, M. D.,
Late Surgeon P. H. C. S.

Private Speer, Co. C, 53d Reg't, Ga. Vols., Bryan's Brigade, Kershaw's Division, Longstreet's Corps, A. N. Va, received in the battle of the Wilderness, May 6th, 1864, a

gun-shot wound through the right wrist. The ball (minnie,) passing from the radial side directly through the joint, fracturing the *radius* and all the carpal bones. I determined to practice excision in this case with a view of testing the usefulness of the operation. I commenced the operation by making two incisions on inner and outer sides parallel with the *ulna* and *radius*. After detaching the soft parts from the carpal bones, I found by the use of a wooden spatula, made for the purpose, the operation much more easily executed than I anticipated. After shaving the carpal bones within half inch of the radius and ulnar, the edges were approximated by means of the interrupted suture and adhesion strips. The arm and hand were now placed in two straight splints applied on the posterior and anterior surfaces, with extension employed to prevent a too close proximity of the meta-carpal bones with the sides of the radius and ulna. This was done with a view of avoiding anchylosis. Owing to the want of proper care after treatment there was some abduction of the hand, though the patient is now following successfully his former occupation, that of a farmer, being able to perform as much manual labor as before the reception of the wound.

Atlanta, Ga., Nov. 21, 1868.

EPIDEMIC OF DYSENTERY.

By F. Horner, M. D.,
Of Front Royal, Va,

The town of Front Royal, Virginia, is located in the midst of the Blue Ridge Mountains in a low situation, within a mile of the head waters of the river Shenandoah, and 139 miles north-west of Richmond. Three miles south-west of the town is Allen's Cave, which extends 1200 feet. The water which is limestone, or more commonly known as hard, rises near the surface in great abundance. There were heavy rains, and more than wonted vegetation during the late summer, succeeding quickly intense heat which served to check perspiration and induce congestion of the portal circulation. The blood from the exterior vessels became concentrated in the viscera causing dysentery.

The poorer classes suffered by the use of unwholesome food, and when sick were unable to obtain suitable medicines. The events of the the late war, we can imagine to have changed the habits of the people, and cut off from supplies of groceries, such as tea and coffee, they have found poor substitutes in inferior articles. The epidemic began in September and continued until the middle of October. It invaded nearly every family, and proved fatal to a third of the number attacked in defiance of all medical treatment. Previously the community had suffered greatly from depressing causes, their dwellings were broken up in the course of the late war, and have not been repaired; relatives upon whom their support depended, have died or been killed, and they have suffered all the evils of siege, camps and marching armies. The contaminated atmosphere, due to defective ventilation and bad sewerage, has contributed to prostrate the vital powers and vitiate the blood.

The disease was marked by loss of appetite, fever, acute griping pains in the abdomen, mucous and bloody stools, pain and great loss of strength. The foetor in a few cases resembled that of a typhus fever patient.

Though not esteemed contagious, its prevalence excited the alarm of all classes to the extent that strangers were advised to remain away until the return of the frosts of autumn. In several families the number of cases were increased by the crowded state of their houses and the lack of cleanliness in them. Persons under adult age suffered the most from the disease.

The treatment at first, in mild cases, consisted in keeping the patient at rest in bed, aided by carminatives of paregoric, powder of kino and lime-water—unctions of sweet oil, and a farinaceous diet. Forms more severe demanded leeching, cups and blisters, blue pill and opium, and a strict antiphlogistic regimen. For adults, Dover's powder, subnitras of bismuth and pulvis ferri carbonatis furnished a most valuable combination in the latter stages of the complaint. Suppositories of morphia and enemas of mucilage and laudanum helped to assuage pain and to promote the comfort of the patient.

The proximity of the Alum Springs in West Virginia, which were readily reached by the cars, induced the reccommendation of a change of residence to the more wealthy convalescent. The benefit was marked, and in a few weeks this class of persons returned to their homes well. The complication in a few instances of tubercular deposits, or from typhoidal symptoms intervening, retarded the process of recovery. Port wine, cod-liver oil and quinine, proved valuable adjuvants in such cases.

In the above details, the aim has been to describe a form of dysentery which prevailed in a rural district, previously healthy, and exempt from any epidemic, to indicate the value of hygienic rules, and to reccommend in general terms the above plan of treatment which appeared to arrest the disorder.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for Discussion: Cystitis.

Reported by J. W. P. Bates, M. D.

Dr. James H. Currey opened the discussion by giving a *rèsumè* of the causes, symptoms, and treatment. He divided cystitis into three varieties—acute, chronic, and gouty. The symptoms enumerated were pain above and behind the pubis, in the hypogastric region, and, in the female, at the external orifice of the urethra, chill and fever, difficult micturition, tenesmus, etc. The urine is but little changed, scanty, and high-colored, and acid reaction, sometimes mixed with blood. Pus may also be found in it if there be parietal abscess. If there be sharp, lancinating pain, the peritoneal and muscular coats of the bladder have become involved, as well as the mucous. Causes—falls, wounds, blows, hard labor in women, stone in the bladder, irritating injections, retained urine, ol. terebinth., tr. canthar., etc. Treatment—bleeding, if strong and vigorous, leeches to the pubis or perineum, saline cathartics, emollient cataplasms, warm hip-bath, cold mucilaginous drinks. If the peritoneal or muscular coats suffer, allow but little fluid, and that warm. Diaphoretics, cit. potass., ant. et potass. tart., Dover's powder, anodyne enemata, etc., may be used to advantage. In advanced stages, blistering cautiously over the pubis is recommended; ammonia, or ammonia and chloroform will do better, and a mild mercurial impression may be induced. The gouty form differs but little from the other varieties, except in regard to its producing cause. In the treatment we should take this into consideration.

Dr. Helsby said that acute idiopathic cystitis is a very rare disease. It is usually secondary and dependent upon urinary calculus, enlarged prostate, etc. The chronic form is more frequently met with. The mucous membrane is not readily inflamed. The urine in health is acid, and the mucus acts as a ferment on the urea, and produces ammonia and a large deposit of phosphates. In the treatment, he suggested suppositories as more convenient than injections, and opium or belladonna used in this way is very valuable. He has not much faith in mercury, and thought that in its use in this disease we were governed more by the traditions of the profession than by the experience of to-day. He believes more in quiet and balsamic remedies. The chronic form in old persons is very often incurable.

Dr. Currey did not wish to be understood as recommending mercury, and only spoke of it in the acute form when other remedies had been tried with little or no effect. Suppositories might increase the trouble, from their unyielding character and from distension.

Dr. Helsby inquired whether a suppository would produce more distension than an enema. It might be made very small, and then it could hardly be felt in the rectum.

Dr. Currey would not fear to use either enemas or suppositories. In cases of inflammation of the womb accompanied by cystitis, he uses Scanzoni's irrigator, hop-tea, etc., and they have needed no other treatment except anodynes, as a Dover's powder, or gr. ¼ ext. belladonna.

Dr. Friedenwald said that one important cause had been omitted, viz: gonorrhæa, which produces inflammation either by the bladder taking on the same action as the urethra, or as the result of stricture. I think a number of cases are produced by direct contagion, and it is important to treat such cases by injections, as it is the gonorrhœa.

Dr. Maughlin. I have a case of chronic cystitis dependent upon enlarged prostate. The urine is ammoniacal. I have used pareira brava and nitric acid, and introduced the catheter three times in the twenty-four hours. An infusion of green tea is highly recommended, and it may be useful from a small quantity of sulph. copper which it contains.

Dr. Helsby. More likely from the tannin than from the copper.

Dr. Maughlin. I think that nine out of ten cases of this disease are produced by enlarged prostate.

Dr. Stein. Would there be any danger in attempting to produce the sedative as well as the astringent effect of acetate of lead by injection?

Dr. Currey. Injections are recommended by authors, but I have no experience in their use. One thing recommended in the chronic form is powdered calomel. I do not recollect any case in which lead was used. Simply washing out the bladder with warm water, through a double canula, is often useful.

Dr. Chancellor. The great benefit from injections is that they modify the acrid qualities of the urine. I have used warm water, and it affords almost instant relief, and has a very beneficial effect.

Dr. Arnold. I have never seen a case of pure acute cystitis, but have seen those following gonorrhœa. From its analogy to dysentery, the treatment would seem to be calomel, opium, and camphor. In progressive locomotor ataxia there is often unmanageable cystitis, and no local treatment is of any use except anodynes. Unmistakable anteflexion and anteversion produce all the symptoms of cystitis.

Dr. Helsby. Has any member present had an opportunity to make a post mortem examination of the bladder after this disease?

Dr. Hartman. I once made a post mortem examination in which I found evidences of chronic cystitis. We had no previous history, as the person was comatose when brought to the hospital. There was ulceration of the mucous membrane extending along the urethra, which was denuded for two-thirds of its length. It was a colored soldier, aged 62 or 63, from Fortress Monroe. Dr. Helsby thinks chronic cystitis is incurable. I know of two or three cases which yielded, one to nitro-muriatic acid, and another to the long continued use of nitric acid.

Dr. Arnold. With regard to the use of nitric acid, we know that it is recommended for phosphatic deposits, and these might have been mistaken for cystitis. Ladies frequently pass large chalk stones.

Dr. Helsby. The phosphates are held in solution by free acid, and when the urine becomes alkaline, they are deposited. It is a nice point in diagnosis to distinguish between these phosphatic deposits and chronic cystitis. I did not say that chronic cystitis is incurable, but it is so often preceded by and dependent upon irremediable conditions, and thus becomes incurable.

Dr. Hartman. I did not say positively that those cases were chronic cystitis, for I recognized the difficulty of diagnosis. The same symptoms may occur from disease of the prostate.

Dr. Arnold. The same explanation as that offered by Dr. Helsby, will answer for those cases following progressive locomotor ataxia. There is paralysis of the parts which supply the bladder, and the phosphates are thrown down and produce this irritation. In these cases we should pay more attention to the causes than to the cystitis itself.

Dr. Helsby related a case told him by Dr. H. R. Storer, of Boston, in which a physician introduced one of Hodge's pessaries into the bladder, instead of the vagina. Dr. Storer removed it by catching one prong in the forceps, and making gentle pressure over the bladder.

Editorial Department.

Periscope.

The Sugar Insect.

Mr. Robert Nicol, in an essay on sugar refining, lately published at Edinburgh, remarks:

"Raw sugar should never be used for dietetic or domestic purposes, because it contains organic impurieties; and more especially immense numbers of disgusting-looking insects, termed the 'Sugar Insect'—found to be invariably present in *raw* or *unrefined* sugar. This insect is known by scientific men as the *Acarus Sacchari;* and when seen by the aid of a microscope, is found very much to resemble the sea-crab in its appearance.

The following are extracts from a pamphlet on the subject by Professor Cameron, of Dublin:

"The *Acarus sacchari* is a formidably organized, exceedingly lively, and decidedly ugly, little animal. From its oval-shaped body, stretches forth a proboscis terminating in a kind of scissors, with which it seizes upon its food. Its organs of locomotion consist of eight legs, each jointed and furnished at its extremity with a hook. In the sugar its movements from one place to another are necessarily very slow, but when placed on a perfectly clean and dry surface, it moves along with great rapidity. It has been stated that the Acarus scabiei, or itch insect, possesses the power of leaping, but all my attempts to induce the Acarus sacchari to make a

jump failed, although it was placed in the most favorable positions for the performance of such a feat.

"The disease termed *psora*, or *scabies*, by medical men, but more popularly known by the expressive designation of the 'itch,' is, I venture to hope, only known by name to my readers. It is, I admit, not a nice theme to discourse upon, more especially in connection with such a subject as sugar; but as this malady and its cause are intimately connected with my objection to the use of raw sugar as food, I cannot avoid—even at the risk of offending the sensibilities of some of my readers—alluding to them. So early as the twelfth century, an Arabian physician, named Abinzoar, observed that a skin disease was produced by the ravages of little insects. They burrowed, he says, beneath the skin of the hands, legs and feet, and produced pustules, containing fluid. From the description of these insects given by Abinzoar, it is quite evident that they were not 'little lice,' as he terms them, but a species of mite, or Acarus. The same kind of insect was noticed some centuries afterward by many distinguished physicians and naturalists, one of whom, named Bonomo, described it by the aid of a drawing, in the year 1683. The itch, then, is proved to be produced by this Acarus making burrows beneath the skin, and depositing therein its eggs; and hence the insect has been named the Acarus scabiei, or scab mite. Mange in horses, cattle and dogs, and scab in sheep, are essentially the same disease as itch in man. As a general rule the persons most liable to be preyed upon by the Acarus scabiei belong to the lower classes—in fact, are members of the 'great unwashed' family: the disease is very rare amongst the middle and upper ranks, and, indeed, wherever the abundant use of soap and of clean linen prevails. Now, it is a note-worthy fact, that grocers' assistants and sugar warehouse-men are peculiarly liable to a kind of itch which affects their hands and wrists, but does not extend to any other part. These persons are usually of cleanly habits, and do not belong to the classes amongst whom the ordinary itch is so prevalent; there is, therefore, but one way of accounting for their tendency to contract that disease—namely, that the Acarus sacchari, having, like its congener, the Acarus scabiei, burrowing propensities, bores into their skin, and breeds there. The two kinds of Acari resemble each other very closely,* but the sugar insect appears to be the larger and more formidable. So common is this pustulous disease amongst persons engaged in the 'handling' (*i. e.* mixing) of sugar, that it has been termed the 'grocer's itch;' but I doubt very much that it differs in any specific respect from the ordinary variety of that nasty complaint. My colleague, Dr. Symes, Surgeon to Dr. Steevens' Hospital, assures me that persons suffering from 'grocer's itch' are always to be found amongst the extern patients treated at that institution.

"The number of Acari found in raw sugar is sometines exceedingly great, and in no instance is the article quite free from either the insects or their ova (eggs.) Dr. Hassall, (who was the first to notice their general occurrence in the raw sugar sold in London), found them in a living state in no fewer than 69 out of 72 samples. He did not detect them in a single specimen of refined sugar. The results of my examination of the sugar sold in Dublin coincided pretty closely with Dr. Hassall's experience. In the refined sorts, I found nothing but crystalizable and non-crystalizable sugar, and a little saline matter; in the raw kinds, organic and mineral filth—often in abundance. One of the samples which I examined, contained a larger number of insects than I believe had previously been noticed, or at least recorded, by any other observer. It was sent to me, together with other articles, in May last, (1863), by Mr. Horner, the master of the South Dublin Union Workhouse, and the following is the report which I made upon it:—I have rarely examined a more inferior sample of sugar; it is extremely damp, contains a very large proportion of treacle, and a considerable amount of such impurities as sporules of a fungus, particles of cane, albumen, and starch granules. These substances, however, though greatly detracting from the value of the sugar, are not injurious to health. I cannot say as much for another impurity which exists in great abundance in this sample—namely, a species of Acarus, closely resembling in appearance and nature the insect which, by burrowing into the skin, produces the itch. It is no exaggeration to affirm that there cannot be be less than 100,000 of these insects in every pound of this sugar. In ten grains weight, I estimated no fewer than 500, most of which were so large as to be distinctly visible to the naked eye. It is inconceivable that thousands of these creatures can be introduced into the stomach of a human being without serious endangerment to health. But not only is such sugar as this sample detrimental to health, it is also the least economical kind

* By some authorities they are considered to be identical.

which can be employed. It greatly impairs the flavor of tea and coffee; and its high proportion of water and other useless ingredients lowers its sweetening power to an extent which even its low price fails to compensate for. Many persons believe that coarse brown sugar sweetens better, or, to use the common phrase, 'goes farther' than white sugar; but that is a mistake. A teaspoonful of damp brown sugar will certainly sweeten a larger quantity of fluid than a spoonful of white sugar; but it does so because it is much heavier than the latter; but if equal weights be used, it will be found that the white variety is by far the better sweetener. *The kind of sugar which is both healthful and economical is the dry, large grained, and light colored variety.*"

Life Prolonged Fifty-nine Days by Nutritious Injections alone.

As an useful fact for the medical practitioner, we shall state that life may be prolonged for several weeks by nutritious injections alone. Cases sometimes occur, in which, from stricture of the œsophagus, cerebral disease, or wilful intention of suicide, alimentation cannot be performed in the normal way by the mouth and stomach. Then other avenues must be had recourse to; the rectum and skin, by the injection of highly nitrogenized food, and baths containing nutritious substances in solution. That the cœcum does share in preparing pabulum fitted for thorough and complete nutrition, seems to be established by the researches of Viridet, Tiedemann, Gruelin, and others; and the experiments of Steinhausen indicate that the intestinal juices escaping contact with the food in the stomach and small intestines, may arrive in the cœcum, and by their action upon alimentary principles, perform a more or less complete digestion. Clinical facts are not wanting to show that the latter conditions do sometimes exist, and a case to the point is related in the *Deutsche Klinik*, No. 27, 1868, by Dr. Runge.

A patient consulted this gentleman for stricture of the œsophagus in May, 1867. After varying success with bougies and local medication, an abscess occurred in the cellular tissue of the neck, April, 1868, and completely blocked up the œsophagus, so that not even liquid aliments could be taken. Injections of yelks of eggs, soups, etc., were made, the patient being kept perfectly quiet; and under this treatment alone, he lived from the 20th of April to the 18th of June, a period of 59 days. In the first week the patient got thin, and complained of an annoying sensation of thirst; in the third week he felt neither hunger, nor thirst, nor pain, and was but little thinner. The eighth week an inflammation of the large intestines was developed, and the patient died the week following.

Dr. Runge thought that had it not been for this intercurrent inflammation, which he seemed to regard as possibly curable, the man's life might have been prolonged several weeks longer. But it strikes us that such would, in all probability, be the result in all cases, from this mode of alimentation, and that his patient lived to the possible limit of life under the conditions.

Freezing.

In the *Journal de Anatomie et Physiologie*, Ponchet gives some experiments on the freezing of animals. He denies the assumption of certain physiologists, that there are animals which can survive complete freezing. Numerous experiments showed him that the blood corpuscles undergo a change, which renders them unfit for performance of their functions. The greater the number which have undergone the metamorphosis, the sooner the animal perishes.

If we push congelation to one half, the animal will live a long time, because the altered corpuscles are kept out of the circulation by stasis of the blood. As soon as we allow it to thaw, however, the sick or changed corpuscles mingle with the rest of the blood, and the animal perishes.

Vaginal Irritability.

At the April meeting of the Paris Medical Society, M. Charrier described the following case:

In September, 1867, a young woman was sent to him, who, after four months of married life, could no longer endure coitus. Copulation, at first excessive, became by degrees so painful, that she compares it with a severe toothache; indeed, she fainted occasionally, when the pain was for a moment suspended.

Extr. bellad., extr. opii, tepid baths, etc., were tried without benefit.

On examination, Charrier found the hymen ruptured, the myrtiform carunculæ not unusually large, no vulvitis, no vaginitis, no dryness of vulva or vagina; shrieks of pain were elicited by touching the carunculæ with the end of a sound. The least touch of the same with the tip of a finger, or even with a feather, produced the same effect. An attempt to pass the little finger into the vaginal orifice was resisted by strong con-

tractions, similar to those met with in examinations for fissured anus.

Charrier instituted the following treatment: After a bath of two hours duration, she was placed thoroughly in anæsthesia; then the bladed speculum (for the removal of polypi), was introduced into the vagina by a screw-like movement, and turned in every direction, as in the forcible dilatation of the anus. Some blood appeared. Then a very thick tent, (mèche), covered with extract of belladonna and glycerin, was introduced.

That night coitus took place without pain, and for two weeks it was repeated morning and evening. The husband had since written that his wife remained free from pain, and that she is now three months with child.—(*Algem. Med. Central Zeitung*, No. 58, 1868.)

Spontaneous Cure of Aneurism.

At a late meeting of the Buffalo Medical Association, reported in the *Buffalo Medical and Surgical Journal*, Dr. Lothrop presented two photographic representations of subclavian aneurism with an account of the case. A full report of it can be found in the late work of Dr. John Mason Warren, but as the details of it in that work might not be seen by many of the members, he would briefly relate its main features. A colored man, about forty years of age, came to his notice, with a tumor in the clavicular region. At that time there were no signs of aneurism except swelling. He subsequently learned that the man had been in the Massachusetts General Hospital, where the diagnosis was subclavian aneurism. The treatment had been applications of ice and pressure of bags of shot. This was employed during the patient's stay, about two months. He then left, and about three months after came under Dr. L.'s care. The large tumor was the seat of great pain, so that he could not lie upon the side affected. The pain he attributes to a fall, which happened shortly before, the shoulder being struck. After a time the pain subsided, but the tumor pointed like an abscess, and finally opened and discharged first, chocolate colored pus in large quantity, and afterwards yellow pus. The opening took place over about the middle point of the clavicle, at which point the clavicle was not entire—a separation having been effected either by fracture or absorption. The patient, after about four months was lost sight of; at that time the swelling had entirely subsided, the purulent discharge had nearly ceased, and the man's health has greatly improved. A year afterwards he was heard of, being then in good health. The arm was powerless both before and after the rupture of the tumor and was kept in a sling. After the opening of the tumor, there was considerable depression in the space occupied by it.

This remarkable case was one of cured aneurism, with suppuration subsequently excited on receiving a fall. When first seen by Dr. L. it was an abscess in a closed aneurismal sac. It is difficult to say what was the agency in the cure. Whether coagulation by cold or pressure, either exerted directly upon the sac by the bags of shot, or by the combined pressure of the shot bags and the tumor itself upon the vessel. A tumor may by its bulk alone press upon the vessel and stop the current of blood. External pressure would aid this method of cure. It might have resulted from the closing of the aperture in the vessel by a detached portion of the coagulum in the sac, but this seems less probable than that it was due to cold and pressure acting together.

The suppuration within the sac does not appear to have been connected with the means employed to bring about the cure. We cannot say that it was a result of either pressure or cold, especially as it occurred at a long interval afterwards. It probably resulted from the injury done to the sac by the fall, of which mention has been made. It seems probable, also, that at the same time, the clavicle, weakened by interstitial absorption, the result of pressure, was broken.

The cure of subclavian aneurism, either spontaneously, or by measure other than ligature, is well known to take place. Dr. L. stated that he had now under observation a case of what he thought to be spontaneous cure of aneurism of the left subclavian. In this case there was a tumor in the post clavicular space, but it had neither the thrill, the murmur, nor any of the peculiar signs of an aneurism. For several years there had been but little change in it. The patient, a lady, had been told by eminent surgeons, years before, that it was an aneurism, and had enforced great caution as to her actions. She had lived under a constant apprehension of sudden death. For the last year or two she had been less careful and less apprehensive, but still had considered the tumor to be aneurismal. After a careful examination, Dr. L. found no existing indication of its being an aneurism, and could only conclude that, the diagnosis being assumed to have been correct, it was a case of spontaneous cure. In fact, he thought that the tumor could only be accounted for upon the supposition of its being a cured aneurism.

Chloroform to the Spine in Spasmodic Disorders.

The *Pacific Med. and Surg. Journal* says:—"We have already called the attention of our readers to the proposed treatment of tetanus by local anæsthesia of the spinal column. In tetanus and convulsive diseases, the inhalation of chloroform nearly always succeeds in giving temporary relief, but the relief vanishes with the suspension of the remedy, and the suspension is necessary to prevent the remedy from fatally overpowering the brain. As a substitute for general anæsthesia, several writers have suggested the application of chloroform to the spine, by means of strips of muslin saturated with the liquid, and covered with oiled silk to prevent evaporation. The local anæsthesia thus produced may be kept up indefinitely without danger, and as the spasm to be relieved depends on reflex action from the spinal cord, it is contended that the full purpose of the anæsthetic agent can be accomplished by this mode. A case of traumatic tetanus treated in this way is reported in the *Humboldt Medical Archives* by Dr. Percy L. Rooney, of St. Louis. The patient had tried ice to the spine, and various other means, without relief, and the disease was well advanced when the chloroform treatment was instituted. Signal relief, however, was afforded, and comfortable sleep secured for a time. But it appears that the agent was not applied *constantly*, and that the paroxysms were allowed to recur in the intervals of the application; and this, together with the exhaustion which had taken place before the treatment was instituted, rendered the trial incomplete, and was ineffectual in saving life. The editor of the *Archives* takes this view of the case, and mentions two instances of violent convulsions in his charge, controlled and cured by the spinal application, after unsuccessful inhalation. Traumatic tetanus is of frequent occurrence, and so generally fatal under ordinary treatment as to give interest to any plan which offers a hope of cure. We take the liberty of enumerating the means which the present status of therapeutic knowledge on this head presents as worthy of trial.

1. Chloroformization of the spinal cord, *uninterrupted.*
2. Hypodermic use of morphia, as an adjuvant.
3. Spray of ether or of rhigolene to the spine.
4. Ice and salt to the spine.
5. Calabar bean.

The Calabar bean (*Physostigma venenosum*) has obtained some celebrity of late in the treatment of chorea and other spasmodic disorders, and a case of tetanus successfully treated by the bean, in conjunction with morphia, is mentioned in the last number of this *Journal.* And though we have little confidence in it as a remedy for tetanus, it should have a trial, by all means, in conjunction with spinal anæsthesia and other agents."

Reviews and Book Notices.

The Medical Formulary: Being a Collection of Prescriptions derived from the Writings and Practice of many of the most Eminent Physicians in America and Europe, together with the usual dietetic preparations and Antidotes for Poisons. To which is added an Appendix on the Endermic use of Medicines, and on the use of Ether and Chloroform. The whole accompanied with a few brief Pharmaceutical and medical observations by Benjamin Ellis, M. D. Twelfth edition, carefully revised and much improved, by Albert H. Smith, M. D. Philadelphia: H. C. Lea, 1868. 1 vol. cloth. 8vo., pp. 374. Price $2.50.

After such a title as this—which serves equally well for a table of contents—it were needless to state what Ellis' Formulary is, even if it was not the twelfth edition before us. As a formulary, it is second to none in the market, and for years has been a deserved favorite with the profession.

Dr. Smith has added considerable new matter on disinfectants, atomized fluids, antemetics, anæsthetics etc., which enhances materially the value of the work, and has also appended an index of diseases, which to those who rely on such books will increase its convenience.

Formularies are valuable to teach the proper form and proportions of prescriptions, to remind the busy practitioner of various resources which may escape his memory, to give the doses and forms of new and rare remedies, and to teach exactness and elegance in the composition of recipes; but, when they take the place of books of practice they are injurious to the doctor and a bane to science.

The Opium Habit, with Suggestions as to the Remedy. New York: Harper & Brothers. 1868. 8vo. pp. 335.

There is little that is original in this volume, and it is composed rather with the scissors than the pen. The first seventy-seven pages profess to be the author's own experience in a successful attempt to renounce opium. It is the usual, familiar, and as far as general application goes, overdrawn and untrue picture. The rest of the book is culled from the writings of DeQuincy, Coleridge, Dr. Ludlow and others, men who

wielded practiced pens, had vivid fancies, and wrote to astonish and horrify the public. Their opinions either of the pleasures or the pains of opium, or of the difficulty in breaking the habit, are not endorsed by the general experience of physicians. Opium, like intoxicating drinks, is extremely perilous to a few, but may be taken by the majority, in moderation, without any greater danger than brandy, nor as a rule is it so difficult to break the habit as is reported by magazine writers. This opinion has lately been forcibly urged by Dr. Marcet, of London, and so far as our observation extends, which includes a number of cases, his view is correct.

Still, this or any publication which would lessen the consumption of opium by persons in health should be welcome,—if indeed such publications do have such an effect.

The Science and Practice of Medicine. By Wm. Aitken, M. D., Edin. Second American, from the Fifth enlarged and carefully revised London Edition; with large additions by Meredith Clymer, M. D. In two volumes. With a map, lithographic plate, and numerous illustrations on wood. Vol. II. Philadelphia: Lindsay & Blakiston. 1868. Price of the two vols., $12.00.

The first volume of this excellent compendium of practice we have already noticed, and specified many of the additions of the American editor, which lend it a peculiar value for the practitioner in this country. In all, these additions would amount to over five hundred pages of the London edition.

The present volume treats of constitutional diseases, as rheumatism, gout, diabetes, asthma, scrofula, etc.; local diseases, as meningitis, chorea, epilepsy, mental alienations, paralysis, thoracic, cardial, and bronchial complaints, diseases of the abdomen and contained viscera, urinary disorders and diseases of the skin. The fourth part is upon medical geography, malaria, and acclimation.

The index is very full, and carefully arranged, and the general typographical appearance of the book good.

A Treatise on Physiology and Hygiene; for Schools, Families, and Colleges. By J. C. Dalton, M. D. With Illustrations. New York: Harper & Bros. 1 vol., cloth, 8vo., pp. 399.

Of the very many Physiologies for schools which are on the market—we saw it recently stated that about seventy had appeared during the last eight years in this country—this by Dr. Dalton is the best, so far as we have examined them. The illustrations are excellent, the language simple and clear, the facts given neither too shallow nor too minute, and the arrangement judicious. We are glad that so thorough a master of the subject has given the time to making it comprehensible to all, for it is in the ignorance of the great laws of physiology and hygeine, that quacks, homœopaths, and their kindred spirits find the means of imposing on the public.

Lectures on the Study of Fever. By Alfred Hudson, M. D., M. R. I. N., &c. Philadelphia: H. C. Lea. 1869. 1 vol., 8vo., pp. 316, cloth, price, $250.

Fever is a difficult, dim, intangible subject to most medical students, and we fear to some medical practitioners. They never see the cases which the books describe, there is always some lack of correspondence which spoils their clearness of diagnosis.

The present work is intended to meet these difficulties. The author does not take up one fever, and then another, until he has gone through the catalogue. His method is quite different. He takes up one symptom after another, discusses it in its general forms, and then as it appears in one and another special disease. In this manner the absolute and relative importance of each is determined.

This, though to many readers it may seem a more difficult method than the clinical one, is certainly more scientific, and in the present volume will be found of solid practical advantage.

The style is that of Lectures now so popular in medical works, the subject having been originally presented in this form to the students of Meath Hospital.

Two Cases of Œsophagotomy for the Removal of Foreign Bodies: with a History of the Operation. Second edition, revised, with an additional Case. By David Cheever, M. D., Adjunct Professor of Clinical Surgery in Harvard University, &c. Boston: James Campbell. 1868. 1 vol., 8vo., cloth, pp. 83.

This is a praiseworthy contribution to surgical literature, both in the matter and the manner it is brought forward. The operation it describes is one of great importance and altogether too much neglected. With proper care it is possible to reach the œsophagus by an external incision without injuring any important nerve, and without tying a vessel. Such being the case, it should always be resorted to in cases of the presence of foreign bodies which cannot be extracted by ordinary means. Yet only twenty-one cases are on record where this simple and useful procedure has been resorted to.

Dr. Cheever gives an account of his own cases, a history of the operation, and a statistical table. We hope his little work will be extensively read.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 5, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

PLAN FOR A MEDICAL ELEEMOSYNARY INSTITUTION.

Dr. James Fisher, of St. Louis, proposes in one of the medical journals of that city a plan for an eleemosynary medical institution in response to the following resolution passed at the annual meeting of the American Medical Associa ion held in Washington City in May last:

"*Resolved*, That a committee be appointed to take into consideration the subject of the best mode of providing a fund for the relief of the widows and orphans of deceased physicians, and report to the Association at the next meeting."

Dr. Fisher says:—"To meet the indication, I would suggest the erection, near one or more large cities where universities exist, and the most satisfactory educational facilities can be secured, an asylum or asylums for the support and education of the orphans, who shall be entitled to remain in them until they are qualified to enter any profession or employment that they may select, and take honorable positions in society. For matrons and instructors, as a matter of economy, I propose to employ the widows of physicians, competent for such positions, while the professors can be secured to instruct in the liberal sciences and professions. To carry the plan into effect, I would suggest the appointment of a National Central Committee, with powers of organization and general control of funds, and of establishments to be founded. Each State can appoint a State Committee, subordinate to the Central Board, whose duties will be to collect the dues from the profession in their several States, to decide upon all applications for the benefit of charity, to disburse the pensions allowed, after authorizations from the Central Board, and to provide for the expenses of travel and transfer to the institutions to be established. To raise the necessary funds for the work, I propose the assessment of $3 as a *minimum*—of course there are many competent and liberal physicians who will give a larger amount—upon every regular practitioner who holds a license, throughout the land. Of these it is estimated there are not less than 150,000, and that the amount secured from this source would be a half million dollars or more, with which the necessary grounds can be secured and the buildings erected, and the balance, if any, placed at interest in some safe investment. In addition to this, I propose an annual assessment of three dollars, the payment of which will entitle the family of the physician to the benefits provided. The appropriation of $50,000 to defray the incidental expenses of the institution, would leave, say, $250,000 for the support of the orphans, and a like amount to create and sustain a fund from which to pay pensions to the widows, who will be entitled to monthly or annual endowments, or one single sufficient endowment if such be deemed best."

We are glad that Dr. Fisher has suggested a plan for so worthy an object. It may lead to a discussion of the subject which will tend to aid the committee in the discharge of its duties. It is unfortunate, however, for Dr. Fisher's plan, that he bases his calculations on wrong premises. His income is proposed to come from an assessment of $3—as a *minimum* amount—upon every regular practitioner of medicine who holds a license, and he estimates these at "not less than 150,000 in the United States. The problem would be very easy of solution on this plan, provided the amount assessed could be collected, which, we think would be found to be very difficult, not to say impossible. But, Dr. Fisher's estimate of the regular physicians in the United States is very wide indeed of the mark. Some years ago Dr. Charles D. Meigs—we believe it was,—of this city, estimated the regular physicians in the United States at about 40,000 as a maximum number. We doubt whether the "regular, irregular and defective" doctors in the country all told would reach 60,000, which would give one "doctor" to less than every 700 of the population. By the last census they were put down at 55,000. There is not, therefore, a basis of over 50,000 regular physicians to build the calculations on. To procure a fund of half a million dollars from them, an assessment of ten dollars would have to be made.

—— In the Berlin Academy of Military Science attendance on lectures on the sanitary and hygienic conditions of armies has this winter been made obligatory.

Notes and Comments.

Two Hundred Dollar Doctors.

Henry Ward Beecher thus discourses about doctors:

Nothing is more needful than a reform in our medical schools. Only think of dragging students through two or three years of lectures and study, to do what can be done for them in *three months!* Read the following genuine letter, and see what a man can do.

"Dear Sir:—I take the liberty of writing to you to inquire if you know anything of Professor ———, and of the ——— Medical University. I wrote to Professor ——— asking him his terms, and he has replied, telling me that he can fit me for the practice of medicine in three months, charge $200. I desire to study medicine that I may be enabled to lessen some of the suffering that I see about me, and as there is no one in New York whom I know personally, I thought I would write and ask you whether I can depend upon what Mr ——— has written me, and if the graduates of the ——— Medical University are able successfully to practice the profession of medicine. I will feel deeply indebted to you for any information relative to the above."

This school, or University, as it is styled, is too obscure. A man who can in three months' time qualify a novitiate to practice medicine, ought not to hide his light as Professor ——— does, Who is he? Where has *he* studied? What is this surely divine art of teaching? Can we not overcome the modesty of this genius, and send to him the thousands of medical students that are now spending two or three years in this expensive city under prosy professors, who do not dream of turning out a complete practitioner in medicine in less than six or eight years!

There *are* eccentric and somewhat out-of-fashion doctors who pretend that there ought to be some regard to moral principle in medical practice; to whatever school a man belongs they hold that he should become thoroughly acquainted with the whole human system—with its laws and functions, with its morbid as well as normal conditions; that he should be familiar with the whole range of material agents, and with the results of the largest and wisest experience in the use of them; that he should study with minute care and diligence questions of temperament, habit, constitution; and, in short, that he should include an amount of knowledge of which the merest elements could not be gained in less than three years.

If you wish to be *such* a doctor, you had better give a wide berth to such fellows as Professor ———, and betake yourself to established medical institutions; and make up your mind that it will require more than three months, or three years to make a doctor unto life. A doctor unto death can be fitted up in far less time.

Jail Fever at Farnopol.

Our county grand juries have for years complained of the crowded condition of Moyamensing prison, and have likewise recommended the erection of a House of Correction.

As fear is a more potent agent, "to the general," than reason, we beg leave to contribute a metaphorical brick towards the construction of the latter institution, by presenting a few data from the report of Dr. Leiblinger (*Wiener Med. Wochenschrift*, No. 54, 1868.)

The imperial prison at Farnopol, is arranged for the proper accommodation of 200 inmates, but last year 380 were suddenly crowded into it. The result was an epidemic of typhus, which ranged from November 1867 until March 1868. The following figures speak for themselves.

	Admitted.	Cured.	Died.
Nov. 1867,	143	82	4
Dec. "	107	80	16
Jan. 1863,	57	55	16
Feb. "	19	63	10
Total	326	280	46

Males.	Deaths.	Females	Deaths.
313	43.	13	3.

Percentage of deaths 16.00. Kraft mentions 30.00, and Christeser 50.00, in other epidemics. A few of the convicts carried wood in the morning, and were struck dead, as if by lightning, in the afternoon, with the so-called typhus siderans; others had sudden intestinal perforation, from typhus lentescens, ambulatorius. Chlorine was used for disinfection, and all cast iron stoves were kept moist with vinegar.

Fortunately the disease did not spread beyond the prison walls; but this could scarcely be hoped for should the terrible scourge visit our jail, situate as it is in a thickly settled portion of the city. H.

Homœopathic Courtesy.

A homœopathic correspondent in England writes us that our notice of an imperial ukase forbidding the practice of homœopathy in Russia "is an extensive and interesting lie." He signs himself Alfred C. Pope, M. R. C. S. Eng. (?), and he will, no doubt, be glad to see his correction thus appear in his own words, over his own name,—if correction it be.

Correspondence.

DOMESTIC.

Phthisis Pulmonalis.

Editors Medical and Surgical Reporter:

I have for the last two months and a half treated a hopeless case of the above disease with a combination of remedies which, singly, already enjoy a reputation in the cure of tubercle. The result has been a decided delay in the process of destruction, though from the gravity of the case I can cherish no hope of ultimate recovery. As I have no opportunity for a more extensive trial of the prescription at present, I will be thankful if you will give it to the profession through the columns of your valuable journal; when, as the ingredients are already favorably known, the combination may receive a proper trial.

The prescription is as follows:

℞. Tinct. cimicifugæ, f.℥ v.
Olei Fusel. f.℥j.
Spts. Frument. f.℥ xv.
Sig. Dose f.℥ss. thrice daily.

In addition, a perforated (or "porous,") pitch plaster has been worn, and the patient, at his own instance, uses tar confections *ad libitum*.

A. A. H.

Coal-Oil in Phthisis.

Editors Medical and Surgical Reporter:

Please suggest through your valuable journal, *as a request of a subscriber*, a trial of Coal-oil as a *remedy* in consumption.

I have used it during the past year, and with what I consider to be, good results.

I give it in tea-spoonful to desert-spoonful doses, three times a day, persevered in for weeks.

Probably benzine, or other carbon oils, would do as well, but I have never tried them. I would like to have others use it, and hear through your journal with what success.

C. H. Wiles, M. D.

Vernon, Ind.

—— A French journal relates the case of a young Romeo who become deaf and dumb from disappointment in love; but recovered both speech and hearing when rescued from a pond where he had flung himself in an attempt at suicide.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

News and Miscellany.

Prof. Ehrenberg.

This distinguished microscopist lately celebrated his "jubilaum,"—his 50th anniversary as Doctor of Medicine. A Committee of the American Pharmaceutical Association were entrusted with preparing an address to Professor Ehrenberg, and furnished the Secretary with the following letter, which was engrossed in the English and German languages, sent to Berlin, and presented to the venerable savant on the fifth day of November last:

"*To Professor* Dr. Christian G. Ehrenberg, *Privy Councillor, etc., Berlin, Germany.*

"*Honored Sir:*—The celebration, on the 5th of November next, of the fiftieth anniversary of your promotion to the Doctorate in Medicine, which affords you the rare felicity of a retrospect of a long and praiseworthy life, gives occasion to the scientific and medical associations likewise to take a retrospective view of the great and lasting results which have flown from your earnest researches after the profound in scientific truth, and of the unceasing industry with which you have labored, during half a century, in the cause of Natural History; more particularly, in the exploration of the invisible microcosm, and in the establishment of the evidence of the influence of that organic creation in the development of the present condition of the earth's surface, and on the whole organic life in nature.

"Filled with admiration for your numerous researches, for your great success in overcoming the immense difficulties that have beset your pathway, for your just and unbiased discernment, and for the masterly description and graphic representation of your researches and discoveries, the educated of all countries remember you on this your day of honor, and present you their grateful acknowledgments, and their sincere felicitations, that it is accorded to you, in the evening of a life actively dedicated to the investigation of nature, to look back upon the road travelled, and to receive the congratulations of your contemporaries.

"The American Pharmaceutical Association, uniting the pharmaceutists and druggists of North America in their efforts for the advancement of their profession and of science, at the 7th session of its 16th annual meeting, held in Philadelphia on the 11th day of September, 1868, has unanimously resolved likewise to present you the felicitations of the entire Association on your day of honor, and has entrusted the undersigned Committee to carry out this resolution. The Committee accomplishes this duty with the greater pleasure, as it has reason to presume that the expression of esteem, veneration and interest will be acceptable from afar, and especially from a country wherein German scientific research has ever been recognized and appre-

ciated, and where German industry and profoundness finds a lasting and beneficent home.

"May God preserve and protect you!

"Frederick Hoffman, Pharmaceutist in New York, Chairman of the Committee. William Proctor, Jr., Pharmaceutist in Philadelphia. John M. Maisch, Pharmaceutist in Philadelphia."

We are glad that this fit testimonial was sent to the venerable naturalist, and add our wishes to those of the Committee, that he may yet live many useful years.

Iodine and Iron Alum Water.

The following is an analysis of a spring in Virginia recently discovered.

Solid contents of a gallon of water, 105.149 grains	5.330
Sulphate of lime	6.220
Sulphate of magnesia	22.250
Sulphate of iron	30.465
Sulphate of alumina	1.580
Sulphate of potassa	.216
Sulphate of soda	3.022
Chloride of sodium	.874
Iodide of sodium	.850
Crenate of iron	.820
Crenate of ammo	.641
Phosphate of iron	.302
Free sulphuric acid	28.376
Free carbonic acid, (est.)	3.500
Organic vegetable matter	.703
Grains	105.149

Signed,

William E. A. Aikin, M.D., LL.D.,
Prof. of Chemistry of University of Md.

Cretinism.

According to a recent official return, cretinism is by no means on the decline in Switzerland. The cases of this sad and mysterious disease at the beginning of this year, among a population of 2,032,119 in the nineteen cantons of Switzerland, amounted to 3,431, and it further appears that there were at the same period 6,258 cases of insanity; thus showing that there is one mentally diseased person to every 202 inhabitants in that country.

Dr. Arthur E. Peticolas.

Dr. Arthur E. Peticolas, Superintendent of the Eastern Lunatic Asylum at Williamsburg, committed suicide there on the morning of Nov. 28th, by leaping from a window of the building, and dashing out his brains. He was a distinguished physician, and formerly a professor in the medical college at Richmond. His mind had been unsettled for some time past.

—— Steps are being taken for the erection of a hospital in Jersey city.

The Government Schools of France.

The Minister of Public Instruction last year charged M. Vernois with the mission of inspecting the *lyceums* of the empire in respect to their hygienic condition, and of reporting to him on their salubrity. The principal parts of this report have just been published, and are summed up by *L'Union Médicale.* The report is of great interest. The number of *lycèes* in France is 78. The number of resident pupils is 17,722; with the outdoor pupils entrusted to the universities, it exceeds 30,000. The number of resident officials exceeds 3,196. As to situation, eighteen are shut in, four are "particularly humid," seven in a hole. As to isolation, seventeen are over water-courses and rivers; twelve near a barrack; eleven near a hospital; three near a large manufactory; fourteen under special conditions of insalubrity, such as being built over subterranean sewers, cesspools, or cemeteries. As many as thirty-three of the *lycèes* are overcrowded. The infirmaries are generally well served, but not always well arranged. As a rule, however, the lads in these establishments are, in M. Vernois' opinion, less liable to attacks of such epidemics as cholera, typhus, etc., than those in private schools; for, on the whole, they are better looked after. The report terminates with a recommendation for extensive and sweeping reforms, such as the enlargement of the buildings of thirty-two of the schools; the total reconstruction of eleven; the remodelling of thirty-nine infirmaries; the formation of bathing-rooms in ten, and the remodelling of those which exist in ten others; the increase of closets in twenty-one schools, and of the warming apparatus in forty-three others. In short, with every desire to make things agreeable, and while using everywhere the most gentle and honeyed words and abundant reservations, M. Vernois' report indicates extensive and wide-spread deficiencies, which call for active intervention, and which are among the manifest evils of an excessively centralized system of schools.—*Brit. Med. Journal.*

A Clerical Surgeon.

Father Heylen, a catholic priest of Boom, in Belgium, performed the Cæsarian operation on a young woman in order to baptize the infant before it died. The mother appears to have been living when the operation was commenced, but both mother and child succumbed. In his defence the priest said that he performed the operation in obedience to the direct instructions of the archbishop. These instructions are

now to be cancelled, and the clerical surgeon tried for murder.

Cholera.

Dr. Pincus, on the cholera in the city and circuit of Insterburg in 1866, says, (*Berl. Klin. Wochenschrift* No. 27, 1868):

1. The disease is favored by a low situation of towns and houses; by uncleanly habitations and the collection of human and animal excrements in streets and yards.

2. The cholera is carried from place to place by diseased persons and infected effects. Funeral ceremonies in the rural districts are a rich source of infection.

3. The early treatment of light diarrhœa and and cholera morbus restricts the spread of the epidemic.

Ptyalism.

Dr. Ahrouheim (*Deutsche Klinik*, No. 35, 1868,) presented before the Berlin Medical Society, on March 30th, 1868, two cases of chronic salivation in children; caused by the careless application of ungt. hydrarg. to their bedsteads for the destruction of vermin.

Dr. Beer at the same time called the attention of the Society to a woman, æt. 40 years, and unmarried, who had not menstruated in four months and was affected with ptyalism. An acrid saliva continually flowed from her mouth. Evident signs of pregnancy were not present, but most of the gentlemen were of opinion that the symptom was attributable to that cause.

—— The Central Lunatic Asylum of Columbus was burned on Wednesday, November 19. Several patients perished in the flames. Dr. Peck and his assistants, male and female, acted well, being unusually cool and sensible in this most trying emergency.

—— A scientific discovery is reported from Turin, where Professor Casturani, the celebrated oculist has found a way of killing animals by forcing air into their eyes a few seconds, and almost without causing them pain. Experiments were recently made at the Royal Veterinary School, and it is said that they have fully proved ths truth of the professors invention. Within the space of a few minutes four rabbits, three dogs, and a goat were killed in this manner. The most remarkable fact is that the operation leaves absolutely no outward trace.

—— The *Canada Medical Journal* has secured the services of Dr. William Bayard, of St. Johns, N. B., as corresponding editor.

—— In the streets of London, during the year 1867, 164 persons lost their lives through injuries received from wagons and horses. Of these, 49 were under 10 years of age, and 30 were over 60 years of age.

—— Mr. Sloman has just been acquitted of the charge of criminal neglect in fitting out the ship Leibnitz. He attributed the death of the forty children to an epidemic of measles, which became very virulent on board.

—— The Academy of Sciences of Paris has received the sum of 60,000 francs, the interest of which will every third year be offered as a prize for the best essay on embryology. M. Serres was the judicious donor.

—— It is proposed by the New York Medical College for Women to educate a body of professional nurses to attend freely, or for a moderate charge, persons living in boarding-houses and like places, who are not able to secure regular attendance.

—— Dr. Cohnheim, Virchow's assistant in Berlin, has been appointed Professor of pathological anatomy at Kiel; Dr. Herman, of Berlin, professor at Wurzburg, and Dr. Fischer, of Berlin, professor of Surgery at Breslau.

—— The Medical Alumni Association of Victoria College met at Toronto Oct. 1st. It continued in session two days, and was engaged with matters of professional importance; certain charges had been preferred against several members of the body, of having been guilty of irregular practices, and some interest was felt by the Alumni respecting the course which should be pursued regarding such individuals. The attendance was therefore very good.

—— Dr. Parker, M. P., of Guelph, Ontario, died at Guelph, on Saturday the 24th of October, from the effects of injuries sustained by falling through a bridge upon the railway along which he was walking homeward at night after visiting a patient. The unfortunate gentleman lay all night unable to procure help, with a compound fracture of the femur, beside other and internal injuries. There was hope of his recovery at first, but too soon fatal symptoms presented themselves. Dr. Parker acquired his education in the arts department of Victoria College, and Jefferson Medical College, Philadelphia. He was known as a successful practitioner, and was the means of carrying through, if not the author, of the present Medical Act of the Province of Ontario.

—— The grateful patients of a French country physician, Dr. Missa, of Nanteville Hadouin, have presented him a medal of gold in testimony of his kindness to the sick.

—— A hairwash to turn dark hair to blonde, according to Dr. Hager, was found to consist of a solution of binoxyd of hydrogen, rendered stable by the admixture of a small quantity of muriatic acid.

—— The Annual Meeting of the Woman's Hospital Association, of New York, was held on November 17. Dr. Emmett reported that during the year 212 patients had been admitted, of whom 168 were discharged, 130 cured, 16 dismissed as unsuitable cases for treatment in the hospital, eight left without permission, seven not materially benefited; deaths, six; remaining in hospital on November first, forty.

—— The Toronto General Hospital was opened about August 1st. It accommodates only 25 free patients.

—— The Montreal General Hospital treated 1417 in-door, last year, and 8419 out-door patients. Dysentery and small-pox were prevailing diseases. A fever hospital has been added, accommodating 40 patients.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Ackley—Crowley.—In Mt. Holly, Vt., Oct. 20th, by Hon. John Crowley, M. D., Sheldon H. Ackley and S. Belle, daughter of the officiating magistrate, all of Mt. Holly.

Bickerton—Pile.—In this city, Nov. 23th, at Old Pine Street Church, by the Rev. R. H. Allen, D.D., Thomas B. Bickerton, and Caroline, daughter of Dr. W. H. Pile, of this city.

Cannon—Sidener.—Nov. 12th, Dr. Francis M. Cannon, of Scott co,, and Miss Mary A. Sidener, of Fayette co., Ohio.

Carpenter—Vaught.—At the residence of the bride's uncle, William Rankin, Esq., of Dunlap, Tenn., by the Rev. John Alley, Chas. H. Carpenter, formerly of Philadelphia, and Lila, youngest daughter of Dr. James B. Vaught, of Texas.

Carr—Clark.—At the Thirty-fourth Street Reformed Church in New York, Nov. 19, by Rev. Isaac Riley, John F. Carr, of San Francisco, Cal., and Annie Clark, daughter of Peter F. Clark, M.D., of that city.

Finney—Murphy.—Nov. 11th, Dr. David Finney and Miss Augusta Murphy, of Logan, Ohio.

Gearn—Dickson.—Nov. 10th, in the First Presbyterian Church, New Lisbon, Ohio, by Rev. Robert Dickson, assisted by Rev. W. C. Falconer, Dr. George C. Gearn, Rockford, Ill., and Miss Anna J. Dickson, daughter of the officiating clergyman.

Jolley—Shefler.—Nov. 16th, I. F. Jolley, M.D., of Saginaw, Mich., and Miss Melvina Shefler, of Fremont, Ohio.

O'Linn—Brainard.—At the M. E. Church in Magnolia, Iowa, Nov. 25, by Rev. W. F. Laidly, Dr. D. H. O'Linn and Miss Fannie M., only daughter of Judge D. E. Brainard, of Magnolia.

Sprecher—Perrin.—Nov. 9th, G. A. Sprecher, M.D., of Springfield, Ohio, and Miss Susie N, Perrin, of Buffalo, N. Y.

DIED.

Averill.—After ten days' illness, of paralysis, on the 30th October, Mrs. Julia Averill, daughter of the late Dr. Thaddeus Pomeroy, of Stockbridge, Mass.

Bosler.—In Dayton, Ohio, Nov. 21st, Dr. Jacob Bosler, in his 67th year.

Cady.—At Dayton, O., Nov. 27th, Mrs. Atalanta Cady, wife of Dr. C. S. Cady, aged 29 years.

Jacoby.—In this city, on the 26th inst., Theodora S., wife of Dr. Wylie Jacoby.

OBITUARY.

Dr. Frederick Wolff.

Dr. Frederick Wolff, late Surgeon in the United States Army, and Lieutenant-Colonel by brevet, died at St. Louis, on the 11th ult. Dr. Wolff began his career in Radetzky's campaigns on the battle-fields of Italy, and was connected for eight years with the Austrian service. There he earned by his skill and the discretionary use of his scalpel, the reputation of a humane physician. Being an excellent linguist, he entered, after the battle of Bull Run, the Garibaldi Legion, served throughout the war, was once paroled, and became twice an inmate of Libby Prison at Richmond.

WORDS OF CHEER.

Under this caption we propose from time to time, to give brief extracts from our correspondence, showing the appreciation in which the publications of this office are held by the profession in different sections of the country.

A distinguished physician and Professor in one of our large Western cities, in inclosing his subscription for the Compendium for 1869, writes:

"Your Compendium is, as it deserves to be, well received. While it gives American Medicine and Surgery a fair showing, it is the equal of *Braithwaite* or *Ranking* in Foreign material. These publications almost ignore us. Their editors seem to forget that in many things we have led Europe, and that in all departments of our profession we are fully up to our trans-Atlantic confreres."

Dr. F., of Wisconsin, writes:

"I have used your Daily Pocket Record for the past two years, and cannot do without it now."

ANSWERS TO CORRESPONDENTS.

Dr. J. B. B, of Ala.—The Craig microscope, which was noticed in the Reporter about two months since, is, we fear, in the hands of irresponsible parties in Racine, Wis. We have ourselves sent orders for it, and obtained no satisfaction from them, and we warn readers against them. Money left at this office for them will be returned.

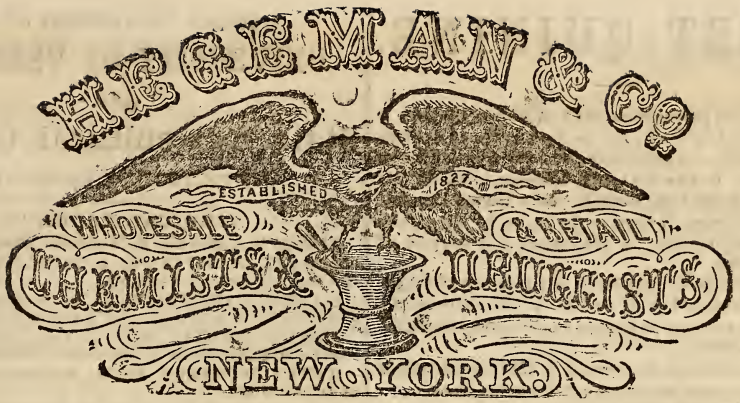
Dr. M. W. H., of Pa.—"What would you recommend for a case of offensive breath?" First, look well to the *teeth:* then examine the nostrils and larynx for polypi, ozæna, ulceration, etc. See that the lungs are sound, and the diet plain and easily digestible. If in these points there is nothing to improve, then try the sulphites or carbolic acid internally.

METEOROLOGY.

November,	16,	17,	18,	19,	20,	21,	22.
Wind	N. E.	N. E.	N. W.	N. W.	N. E.	N. E.	N.
Weather	Cl'dy.	Cl'dy. Rain.	Cl'dy.	Clear.	Cl'dy. Rain.	Cl'dy.	Cl'dy.
Depth Rain		2 in.			7-10		
Thermometer.							
Minimum	35°	33°	38°	30°	32°	30°	30°
At 8, A. M.	39	39	53	39	43	38	39
At 12, M.	42	49	54	50	49	40	40
At 3, P. M.	45	50	54	49	50	41	40
Mean	40.25	42.75	49.75	42.	43.50	37.25	37.25
Barometer.							
At 12, M.	30.2	30.	29.7	29.7	29.5	29.7	29.7

Germantown, Pa. B. J. Leedom.

DEC 8 1870



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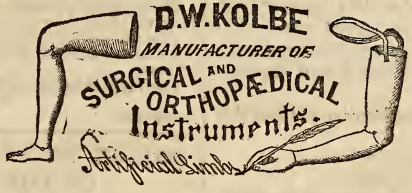

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The next Annual Course of Lectures in this institution will commence on the first Thursday of March, 1869 and continue sixteen weeks. At the commencement of the term, every student is required to call on the Dean, and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and *pay all fees* for the course.

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FOR 1869.

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Published at Indianapolis by the Editor; at Cincinnati, by Robert Clarke & Co.

This Journal will enter upon its fourth year January next. It has steadily grown in professional favor, and every effort will be made to render it still worthier of that support on the part of physicians which has hitherto been accorded it. It aims not only to be a true reflex of professional progress, but also a contributor to that progress; independent of all local jealousies and personal prejudices, it knows no interests but those of rational medicine; it seeks to promote not only the diffusion of medical knowledge, but also the thorough and liberal culture of the physician in all the elements of character which make him honorable, useful, and happy. The Journal has regular correspondents in Philadelphia, New York, and in Europe. Among its contributors in the year 1868 are the following:

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" C. G. COMEGYS, " "
" W. W. SEELY, " "
Doctor WILLIAM CARSON, " "
" J. C. REEVE, Dayton, "
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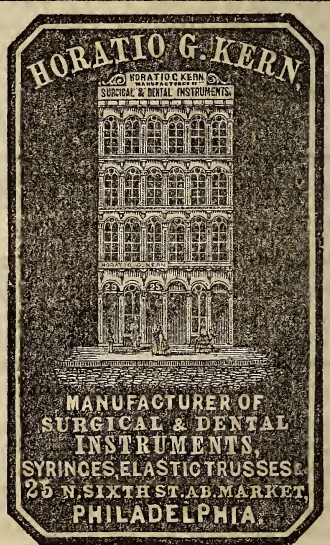

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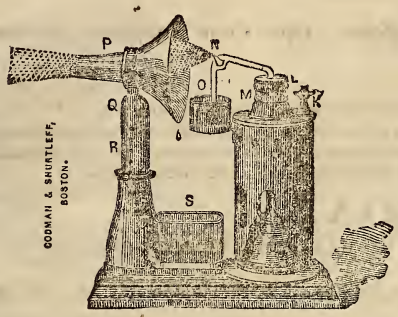

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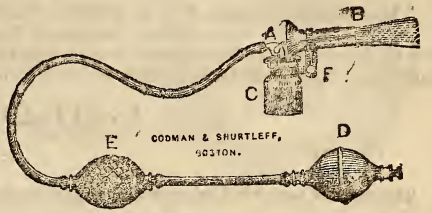

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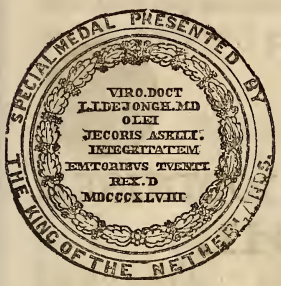

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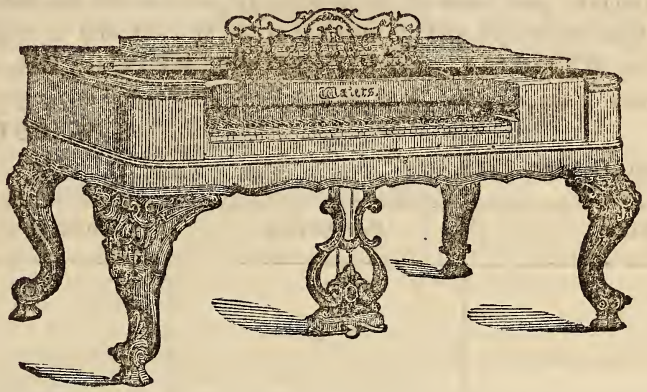

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SYMPATHETIC DISORDERS ARISING FROM ULCERATION OF THE OS AND CERVIX UTERI.

By Henry Brubaker, M. D.,

Of Somerset, Pa.

The true explanation of all sympathetic disorders is to be found in the unity of the human organism. Although complex in its structure, consisting of a diversity of organs, each one of which has functions peculiar to itself, yet all these are so intimately connected together by the nervous and vascular systems, that it is impossible for serious disease to exist in any one organ for any length of time, without disturbing more or less the functions of others. This may result from irritation transmitted either directly to these organs, or reflected through the nervous centres. If there is one organ of the female economy, to which these remarks are more applicable than another, it is the uterus. We will not stop to inquire into the accuracy of the notion entertained by the ancients, that "a woman is, what she is, on account of her womb," but we have no doubt, that thousands of females realize the painful truth, that the uterus is a source of inexpressible suffering, both physical and mental. Every physician of extensive experience will agree, that chronic disorders are more frequent among females than males, and that these disorders, generally of a sympathetic character, may be referred to the uterus as their cause. No other organ has such extensive sympathies as the uterus, and consequently disease of no other can so extensively influence the female economy. Hence, we have as results, cerebral and spinal irritations, convulsions of an hysterical and epileptic character, disorders of the intellectual and moral faculties amounting in some cases to positive insanity, and also of the thoracic and abdominal viscera. These sympathetic disorders are often exceedingly severe, and simulate primary diseases of these organs so closely, as scarcely to be distinguishable from them. In many instances, indeed, the symptoms referable to the uterus are so trifling, and the general symptoms so severe that attention is directed to the latter exclusively by both patient and physician, and the consequence is, the cases obstinately resist all treatment.

During the early periods of life, before the menstrual function is established, the uterus exerts but little if any influence on the female constitution, but after its manifestation the slightest derangement of it often occasions serious and alarming constitutional disturbance, and this liability continues during the whole of menstrual life. But this is more particularly true after the reproductive function is exercised. Then it is that the most serious structural changes occur in this organ, and the general health becomes most seriously impaired. The influence which pregnancy exerts upon the system of the female, is further proof of the sympathies of the uterus. While in some, immediately after conception has taken place, a new stimulus is imparted to the nutritive functions as seen in the robust health that attends the pregnant state, in others these functions are so much impaired that extreme emaciation and debility follow, but both conditions demonstrate the influence exerted over the economy by the disturbing process going on in the uterus.

My object is to treat of the sympathetic disorders produced by inflammatory ulceration and hypertrophy of the os and cervix uteri, and the prolapsus which so frequently

accompanies these morbid conditions. I am aware that some high medical authorities are disposed to deny the pathological importance of simple non-specific ulceration of the os, and regard as visionary the serious results attributed to it. Taking my own experience as my guide, in preference to the opinions and theories of others, I hope to be able to show, by giving the results of treatment of cases, that it possesses all the importance claimed for it by its most enthusiastic advocates.

Case 1. Disease of the Chest Simulating Phthisis.

June 2d, 1866. Mrs A., æt. 30. Had been subject to menstrual irregularities for several years. Since the birth of her child, two years old, she had been laboring under a severe cough, with muco-purulent expectoration, night sweats, and progressive emaciation and debility, anæmic neuralgic pains through the chest and back, particularly in the interscapular region. Catamenia very sparse, but a free leucorrhœal discharge. In addition to these symptoms, there was a slight dulness on percussion at the summit of the left lung, and a prolonged expiratory murmur. These symptoms were sufficient to justify the apprehension of the existence of phthisis in its early stage. She was put under the use of cod-liver oil and whisky, a ferruginous tonic, and counter-irritation. There being no improvement in the symptoms after several weeks treatment, a more thorough examination was instituted. On more careful inquiry into the history of the case, the fact of the precedence of certain uterine symptoms, to the chest symptoms, was elicited. An exploration of the uterus was proposed and consented to. A digital examination revealed a patulous and tumid condition of the os, with hypertrophy and tenderness of the cervix. On introducing the speculum, a large ulcer, with a highly inflamed margin was observed surrounding the os and extending into the cervical canal. This ulcer healed rapidly, under the application of the nitrate of silver and astringent injections. Her chest symptoms disappeared, and her general health improved, *pari passu*, with the healing of the ulcer. The cough and expectoration ceased, appetite increased, and with it her general vigor. That the improvement was the result of the local, and not the general treatment, is unequivocal. Had the chest disease been a primary one, as first supposed, she should have improved under the constitutional treatment adopted. There was no improvement until the local treatment was instituted. The cod-liver oil was omitted, in consequence of its offending the stomach, and no medicines given internally, but the ferri. cit. et strych.

The happy result of this case, shows the necessity of diligently searching out the true cause of all the diseases we encounter. I have no doubt, from the progress the disease had been making, that had not my attention been directed to the uterus as the producing cause of all her sufferings, it would have eventuated in a fatal phthisis pulmonalis. Hundreds of females drag out a miserable existence, swallow gallons of nauseous drugs, and rest under the imputation of being hysterical aad hypochondriacal, who might be speedily relieved if the true seat of their disease were recognized; but the uterus in many instances is the last thought of, simply because the practitioner is misled by the predominance of the secondary symptoms.

Case 2d. January 4th, 1860. Mrs. P., æt. 60. This lady had been confined to her bed for the greater part of three years, suffering from constant pain in the head, chest, abdomen and extremities, from which she had scarcely an hour's respite, with loss of appetite, nausea and vomiting. She had become the object of the sympathies of the whole neighborhood in which she lived. She had undergone treatment for dyspepsia, neuralgia, rheumatism, hepatic disease, and consumption consecutively, without any relief to her sufferings. The last physician who saw her, introduced a globe pessary, which greatly augmented her sufferings. In this extremity I was sent for, and on being informed that she was wearing a pessary for two months, which the physician insisted should not be removed, as the womb would gradually become accustomed to the irritation it produced, I proceeded to remove it at once, which was followed by the discharge of a large quantity of bloody pus of a very offensive character. I ordered vaginal

injections of sol. potass. chloras, which was the best disinfectant I could command at the time. On visiting her again after a few days, I made an instrumental examination, and found a large, unsightly and deep ulcer of the os, with great enlargement of the cervix. This case yielded to frequent scarifications and applications of nitrate of silver, with tonic and alterative treatment internally. In the course of a few months she had sufficiently recovered to leave her bed, and in six months, walked to my residence, a distance of six miles, and now, after several years, continues in the enjoyment of good health.

Case 3d. Vascular Tumor of the Meatus Urinarius.

Dec. 15th, 1865. Mrs. C., æt. 30. This lady had been suffering with vesical tenesmus for two years. She had a constant desire to urinate when on her feet, and the act was attended with a severe burning pain and the passage of a few drops of blood. She was obliged to rise up several times during the night to void her urine. She attributed her suffering to an injury inflicted by her accoucheur in a rude attempt to introduce a catheter after labor. For a long time her chief and only suffering was at the meatus, and this had gradually developed an irritable condition of the nervous system, and a mental condition that wholly unfitted her for social enjoyment. She could find no pleasure in her domestic duties. She had resisted the wishes of her husband, to call in medical aid, until her sufferings became intolerable, and then was willing to submit to any treatment that afforded the slightest prospect of relief. On examination, I found a vascular tumor of an intensely red color, the size of a pea, exquisitely tender, occupying the meatus, as the cause of her sufferings. Supposing, at first, that this was the primary disease, I proposed excising it, to which she objected, greatly alarmed at the idea of having an operation performed upon her. I observed that the mucous membrane of the vagina was intensely red, the uterus prolapsed, and the cervix tender and very much enlarged. On examination with the speculum, I discovered a small ulcer at the os, which I subjected to the usual treatment, and also applied the caustic to the tumor at the meatus. The ulcer healed kindly, but there was no relief to the urinary trouble, and then, instead of excising the vascular tumor, as I had intended, I introduced a pessary to support the prolapsed uterus, and in a few days after its introduction all the uneasiness at the meatus subsided, and the tumor disappeared. She had complete relief from the tenesmus and burning sensation, from which she had suffered so long a time, and there was no return of her affliction six months subsequently, since which time I have heard nothing of her, being removed to a distant locality.

Some high authorities maintain that the vascular tumor is a disease *per se*, and that the only efficient treatment is to excise it. Whilst this may be done in soms instances, this case, along with another to be mentioned presently, convinced me that it may be the result of a congestion of parts around the meatus, which is only a part of that general congestion of the vaginal mucous membrane, which is frequently produced by an inflamed and prolapsed uterus.

A second case of the same kind was that of a lady who had been treated empirically for "gravel," for a period of three years. The same burning sensation existed during micturition, with no other symptom of uterine disease. On examination, I found the vascular tumor, with prolapsus uteri. I applied the solid nitrate of silver to the tumor a few times, under the influence of which it disappeared temporarily. Returning again, I introduced a pessary, after having cured inflammatory hypertrophy of the cervix by scarification and nitrate of silver. The tumor disappeared permanently, and since then she has had no further trouble.

Case 4th. Obstinate Gastric Disorder.

June 30th, 1862. Mrs. D., æt. 40. This lady had been suffering for several years from indigestion. Every meal was followed by nausea, and often by vomiting. She had constipation and diarrhœa alternately. The nutritive processes were much impaired, and as a consequence, she became greatly emaciated. She had undergone a protracted course

of treatment for dyspepsia, without any relief. On careful inquiry iuto the history of her case, I gave it as my opinion, that her trouble proceeded entirely from uterine disease, and urged my experience in similar cases as sufficient ground for such an opinion. This view of her case was entirely new to her, but she at once saw the reasonableness of it, from my explanation of sympathetic disorders, and did not hesitate to have her uterus examined. As I predicted, there was enlargement of the cervix, and the most exquisite tenderness to the touch. The applica tion of my finger to the cervix, with firm pressure, was immediately followed by nausea and an effort to vomit. The nausea subsided in a few minutes after I withdrew my finger. On re-applying my finger with pressure, the nausea returned. This satisfied her mind, not only of the existence of a morbid condition of the womb, but also of the dependence of her symptoms upon it. On further examina tion with the speculum, an intense redness of the cervix was observed, with very slight ulceration. This yielded in a short time, to the treatment which I generally adopt in these cases, scarifications and the application of nitrate of silver, with tonic and alterative remedies internally. In a few months I had the satisfaction of hearing her say that she had recovered her health perfectly.

Such obstinate cases of gastric disorder will occasionally come under the observatiou of every physician, and will resist all remedies addressed exclusively to the stomach. Success in treatment will depend entirely upon regarding them as sympathetic affections. It should be an invariable rule with every physician, whenever he meets with an obstinate functional disorder of any origin, which cannot be directly traced to structural disease, to seek for its cause in some other part of the organism, and if the patient be a female, never to neglect the uterus in his investiga tions. He will be amply compensated for his pains.

It is often a difficult matter to satisfy a woman's mind in such cases. She cannot see any connection between the uterus and remote parts of her organism, and the fact that one part may be the seat of disease, and the suffering be experienced in another and distant part, is too mysterious to be comprehended. To obtain the confidence of the patient, and succeed in such cases, the physician must explain fully the sympathies that exist between different organs by virtue of their anatomical connections. The patient needs to be enlightened, and when the truth is once apprehended by her, she yields herself a willing subject, and coöperates with the conscientious physcian in his efforts to relieve.

Case 5th. Nervous Disorder.

Jan. 20th, 1863. Miss E., æt. 20. This lady had been suffering for several years from a peculiar nervous condition which would manifest itself in various ways; sometimes as hysterical convulsions of a terrible character; then as catalepsy of twenty-four hours' continuance; again as asthma, and sometimes as neuralgia of the bowels, of a most excruciating character. She had been treated with tonics, antispasmodics, and purgatives, by several physicians, with only temporary alleviation to her sufferings. When I first saw her, as I found considerable tenderness of the spine, I supposed I had found the secret of her disease in spinal irritation, and went vigorously to work with counter-irritants, hoping thus soon to overcome this troublesome affection. In this, however, I was disappointed. In spite of prolonged and powerful counter-irritation to the spine, she still continued subject to these paroxysms, although their force and frequency were somewhat diminished. Foiled in my efforts to effect a cure, my attention was next directed to the womb, and as the result of my investigations, I ascertained the evidence of chronic inflammation and ulceration of the os and cervix uteri. She was put under a treatment almost exclusively local, with the exception of a laxative pill and a tonic occasionally. For the first few months there was but little change in her condition, but persisting in my treatment, a gradual and progressive improvement was manifest in the general symptoms, as the uterine inflammation and ulceration yielded. She had, however, several relapses during the succeeding two years, in consequence of imprudent ex-

posure. The treatment was continued, and ultimately with the most gratifying success. For the last two years she has had neither convulsions, catalepsy, nor asthma, although previously she had an attack of one or the other once or twice a month.

When I began writing this article, it was my intention to report a large number of cases which I have had under successful treatment, in order to demonstrate more fully the importance of these morbid conditions of the os uteri, but I imagine my readers are growing weary with the details of cases, in all of which the pathology and treatment are precisely similar, and the difference only in the resulting sympathetic disorders. Sufficient has been said to lead the thinking physician to suspect the womb as being the *fons et origo* of many of the obscure female complaints, for which he may be called upon to prescribe, and which will persist in defiance of all constitutional treatment. I shall, therefore, include in some general remarks the nature of the remaining cases which I intended to report, with the hope that others may be induced to investigate the subject more fully. Cases of functional disorder of the heart, liver, and bowels, so closely resembling organic disease of these organs as to be with difficulty distinguished from them; neuralgia of different parts of the system of an obstinate character, and sick headache of many years' standing, dependent upon uterine disease, have all yielded to therapeutical means directed to this organ. I can recall a considerable number of instances in which pregnancy followed immediately upon the cure of ulcers of the os, in which sterility had existed for years after marriage, and some of these cases so peculiar as to convince me that thousands of sterile women might become prolific, were they cured of diseases, of the existence of which they themselves have no suspicion.

I would not have any one to infer that I claim to have been uniformly successful in the treatment of all cases of the kind under consideration. Some of them have proved to be totally intractable in my hands. There are many causes to counteract the influence of our remedial agents in these, as in all other diseases. In some, from a long continuance of the local disease, the resulting sympathetic affections have become organic, so that even when the former is removed, the latter continues, and if at all curable, requires separate treatment. In others, the local and sympathetic diseases mutually react on each other, which greatly complicates the case, and renders the treatment more difficult and unsatisfactory. Sometimes an irremediable cachexia co exists. I have known ulcerations of the os in tubercular subjects, which would not yield to any treatment, and in these the ulcers sometimes assume a frightful character, having a striking resemblance to the malignant ulcers.

Medical Societies.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

The annual election of officers was held at the regular monthly meeting, November 3d, 1868, and resulted as follows:

President.—John Shrady.

Vice-President.—William Newman, and Robert A. Barry.

Secretary.—William J. Purcell.

Treasurer.—Truman Nichols.

Committee on Ethics.—Verranus Morse, John Burke, N. H. Chesebrough, R. J. O'Sullivan, William J. Purcell.

Admission.—William Faulds Thoms, Alexander Sterl, Faneuil D. Weisse, Montrose L. Smith, G. V. Skiff.

Finance.—Norman Abbott, Henry E. Crampton, Nelson Place, Jr., Samuel Blume, M. S. Buttles.

Visiting Sick Members.—William Newman, D. E. McSweeney, H. E. McCartin, Alexander H. Stein, Truman Nichols, John Priestley.

The Repetition of Prescriptions.

The following communication from the *American Pharmaceutical Association* relative to this question was presented and read before the society.

"Philadelphia, Pa., Sept. 1868.

"*To the Secretary of the East River Medical Association.*

Dear Sir—As I informed you under date of October 1st, 1867, your communicatin of September 10th, 1868, in regard to the renewal of prescriptions by apothecaries, was laid over as unfinished

business, to be acted on at the sixteenth annual meeting, which took place in this city, September 8th to 11th. At the third session the subject was freely discussed, and then referred to a committee to draft resolutions expressive of the views of the American Pharmaceutical Association. The chair appointed the following members: Frederick Stearns, of Detroit, Michigan; Ferris Bringhurst, of Wilmington, Delaware; Henry W. Lincoln, of Boston, Massachusetts; Professor J. Faris Moore, of Baltimore, Maryland; and John H. Pope, of New Orleans, Louisianna; who at the fifth session presented the following preamble and resolutions, which were adopted by a unanimous vote.

Whereas, The East River Medical Association of New York, through its secretary, has submitted a preamble and series of resolutions regarding the renewal of physician's prescriptions without due authority for such renewals, for our consideration, and,

Whereas, The discussion of this important subject has called forth a free expression of opinion from our members, therefore,

Resolved, That this Association regards the pharmacist as the proper custodian and owner of the physician's prescription once dispensed.

Resolved, That however desirous we may be to accede to the request of the East River Medical Association, the restriction of the pharmacist to a single dispensing of the prescription, without the written authority of the prescribing physician for its renewal, is neither practicable, nor within the province of this Association. Nevertheless, we regard the *indiscriminate* renewal of prescriptions, especially when intended for the use of others than those for whom they were prescribed, as neither just to the physician nor to the patient, between whom we stand as conservators of the interests of both, and that such abuses should be discouraged by all proper means.

In performing the duty of transmitting a copy of these resolutions, permit me to state that it will afford me pleasure to forward to your honorable Association a copy of the proceedings of our last (sixteenth) annual meeting as soon as published, from which you will learn the views presented by different members upon the subject in detail.

I am sir, yours very respectfully,

John M. Maisch,

Permanent Secretary Amer. Pharm. Asso."

Dr. Verranus Morse followed the reading of the above communication by the following remarks:

"Mr. President, we have taken one step forward in our efforts to remove what the American Pharmaceutical Association acknowledges to be an abuse, and we have invited the pharmaceutical Association to coöperate with us in this forward movement, but the Association in these resolutions has declared that it is not within its province to attempt to check this acknowledged evil.

Now, Mr. President, shall we turn back, or shall we take another step forward? I for one say, go forward; and I have been led to this decision not only by what I have learned from my own experience, but also by what I have been told by the Pharmaceutical Association itself in these resolutions. But there is one thing in these resolutions that puzzled me exceedingly. If, as the Association claims, the apothecary is the owner of the prescription once dispensed,—if, as the Association asserts, the renewal of the prescription is unjust both to the physician and the patient, and if, as the Association assumes, the druggist is the conservator of the interests of both physician and patient, why is it not the duty of the apothecary to discourage these abuses? why is it not in the power of the apothecary to prevent this injustice? And how does the apothecary conserve the interest of either physician or patient, by doing injustice to both? Amid all this uncertainty, I beg leave to submit the following preamble and resolution to conserve the lives of our patients.

Whereas, The American Pharmaceutical Association acknowledges that the indiscriminate renewal of prescription is an abuse which should be discouraged, and

Whereas, All renewals by the apothecary without the authority of the physician must necessarily be indiscriminate, since he neither sees the patient nor knows what the disease is, and

Whereas, The Pharmaceutical Association after acknowledging that the renewal of prescriptions is unjust, both to the physician and the patient, declares that it is not within its province to prevent such renewal, therefore

Resolved, That the State Medical Society be requested to ask the next legislature to pass an act making it a misdemeanor to renew or use a prescription without the authority of the prescribing physician.

Dr. Abbott thought the claims of the Pharmaceutical Association preposterous—had never before heard of such a claim, and hoped that the Association would learn that this very important question would not remain a dead letter, but that the resolution would be strictly enforced.

Dr. Thoms approved very highly of the resolution of Dr. Morse, and arrived at the conclusion that as the principle medical societies had endorsed the action of the East River Medical Association on this subject, and had recommended the original resolution to the State Medical Society for its action, he hoped the resolution offered by Dr. Morse would be referred

to, and duly endorsed by the State Medical Society.

Dr. O'Sullivan remarked that any claims the druggists may assume to have in the matter, were most effectually disposed of by themselves; for according to their own resolutions they have not met or refuted a single point advanced by the East River Medical Association, instead of which it would seem as if the Pharmaceutical Association assumed the power of deciding important points in a manner that seemed to him partial and unsatisfactory. Their assertion that they possess the right of property in prescriptions once dispensed, is contrary to common sense, they being simply the compounders of medicine ordered by the physician, and are the *custodians* only of the prescription for the time being, subject of course to the order of the physician according to the terms of the contract between him and his patient; the right of the druggist, so far as can be ascertained by legal investigation, extends no further than the compounding of the medicine, and the temporary custody of the prescription.

The Doctor denounced as illogical the claim of the pharmacists to the right of property in the prescription and to its renewal, and very pertinently asked, "Who are the judges of the indications as to the propriety of the repetition of the prescriptions? certainly it is not the patient or his non-medical friends; neither is it the druggist, who, perhaps, does not even known for what purpose the medicine is intended, yet the latter claims to be the judge in the matter, else why should he renew the prescription without the authority of the prescribing physician? If in him lies the right to decide this important question, it would be hardly necessary for the physician to call in a brother practitioner in consultation should he deem a change of remedies necessary, since he has only to send to some neigboring druggist and ask his opinion."

The question being put, the resolutions were unanimously adopted.

NEW YORK ACADEMY OF MEDICINE.

A stated meeting of the New York Academy of Medicine was held on the evening of December 2d, at the College of Physicians and Surgeons, corner of Fourth avenue and Twenty-third street, Dr. Post in the chair. The annual report of the Treasurer was read, showing that the Academy is financially in a healthy condition. The cash balance in the Treasurer's hands is $433, and bills to the amount of $1,000 have been paid during the past year. The report of the Board of Trustees shows that the building fund has now reached the sum of $9,238, an increase of $1,000 since last report. On motion, it was ordered that $600 be added to the building fund for this year's appropriation.

The annual reports of the Secretaries show that eighteen meetings of the Academy have been held during the year, and that on the rolls there are the names of 282 resident Fellows, 5 nonresident, 24 corresponding, and 3 honorary; one Fellow has been suspended, and four have died since the last report. The Corresponding Secretary read interesting sketches of the four deceased members—Dr. John Putnam Batchelor, who died in April, aged 82; Dr. Isaac Wood, who for several years practiced in what was once known as "Doctor's Row," in East Broadway, and who first separated the pauper lunatics from the rest of the city poor in the public institutions; Dr. Thos. Wm. Horsfield, for a long time known in the north-west part of the city as the "Poor Doctor," on account of his readiness to assist the needy; and Dr. John Wm. Sheppard, who was killed in October by falling down stairs after visiting a patient.

Reports of the Librarian, the Committee on Medical Education, on Admission, and on Ethics were also read, after which nominations of officers for the ensuing year were made.

The following names were placed in nomination:

For President—Drs. Anderson and Buckley; for Vice President—Drs. Hutchison, Kennedy, James Crane, Roberts, Griscom, and Hinton; for Trustee, (to fill the vacancy caused by the retiring of Dr. Van Pelt)—Drs. Farnum, Banks, Post. Chambers, and Van Pelt; for Committee on Ethics—Drs. Purnell, Kennedy, Smith, Underhill, and Prince; on Education—Drs. Draper, Peasley, and Griscom.

Dr. Gouverneur M. Smith then delivered an address on "Vegetable Assimilation," in which he illustrated the metamorphoses which occur in vegetables while elaborating their principles. He started with the proposition that water is the basis of every organic principle; that plants readily obtain this, and as readily resolve it into its chemical elements, retaining what they need, and liberating the surplus in the form of oxygen. The address was a novel one in many respects, and was listened to with great attention. The next meeting of the Academy will be hold on Thursday evening, the 7th inst.

Editorial Department.

Periscope.

Uterine Complaints.

At a late meeting of the Obstetrical Society of London, an interesting discussion took place. In the course of a paper on Irritable Uterus, Dr. Tilt objected to the term "irritable uterus," as representing a pathological non-entity, unless it were only intended to mean the aggravated uterine neuralgia that may accompany any kind of chronic uterine and ovarian disease in women of highly susceptible nervous system. He considered the paramount cause of uterine neuralgia to be a morbidly inclined nervous system, without which, severe uterine disease will not cause uterine neuralgia. Given this morbid tendency, and a very slight amount of any kind of uterine or ovarian disease may cause all the symptoms described as "irritable uterus." It may be congestion of the womb or metritis, or cervical ulceration, or uterine displacement and flexions, the amount of mischief being often small; but there is always evidence of the womb having been more or less diseased for many years. Entertaining these views, Dr. Tilt entirely dissented from the statement lately put forth by Dr. Graily Hewitt, that irritable uterus was nothing more than retroflexion of the womb in a marked form. Dr. Tilt found aggravated uterine neuralgia to be of such rare occurrence, that he could not understand how it could be considered of comparative frequent occurrence, unless the name was given to ordinary cases of retroflexion. Neither could he reconcile the assumed possibility of almost universally curing irritable uterus by the use of the American pessary, with the well known fact that many of these cases of aggravated uterine neuralgia are actually made worse by surgical manipulation.

Dr. Meadows then read a paper on *Flexions of the Uterus*. The author showed that in the great majority, if not in all the cases, of uterine flexion which apply for treatment, congestion and inflammation of the uterus exist; and he adduced the following reasons for believing that this inflammation almost invariably precedes, and is the principal, if not the sole cause of the displacement.

1. That very commonly there is an antecedent history of uterine disorder.

2. That cases are often met with, presenting very much the same general symptoms as those met with in uterine flexions, but where, on examination, inflammation without any flexion whatever is discovered.

3. When, in such cases, flexion does take place, the additional symptoms are due merely to the mechanical effects upon the surrounding parts, and are clinically separable from the preceding symptoms.

4. Cases of acute flexion are sometimes met with where no uterine symptoms whatever exist, and in such cases there is a complete absence of all inflammation. Various statistics were brought forward to prove that enlargement of the uterus from frequent gestation, strongly predisposes to uterine flexion.

Lastly, the author remarked that for the foregoing reasons, our first care in the treatment of these cases ought to be to remedy that which is not only the cause of the flexion, but is, at the same time, responsible for by far the greater part of the patient's sufferings. When this is accomplished, but not before, we may resort to mechanical or other treatment for the reposition of the organ. The author believed that great evils would be likely to ensue if this plan of treatment were reversed.

Dr. Henry Bennett thought that the differences of opinion alluded to in the valuable papers just read, might be briefly embodied in two views, which divided the profession, as it were, into two camps. One party attributed most of the varied forms of uterine suffering to displacements, while the other thought that these displacements were generally secondary, and often unimportant, and that the uterine suffering was generally the result of chronic congestion and inflammation. To this latter section he himself belonged, For his own part, he looked for the real result six months, a year, or more, after the entire cessation of treatment. He would also remark that there were two causes of uterine flexions which were not sufficiently taken into account; viz., arrested absorption of the uterine tissues after miscarriage or childbirth, and marital contact. After childbirth, the uterus had to fine down, in six weeks, from a weight of thirty ounces or more to that of two or one and a half, and any contusion or laceration of the cervix, any inflammatory action in any part of the uterus, arrests this process; the uterus remains at eight, six, four ounces, and becomes displaced from overweight.

Dr. Graily Hewitt considered that while the subject under discussion was of the very highest importance, it could hardly be settled by discussion alone. Dr. Meadows, however, had infer-

ential'y allowed it to be supposed that he (Dr. Hewitt) thought little of inflammation of the uterus, as connected with flexions of the organ. On the contrary, he believed that in almost all cases of flexion there was a condition of the uterus characterized by engorgement, congestion, enlargement, etc , pre-existing and predisposing thereto. So far, then, he entirely agreed with Dr. Meadows. But as to the question, whether, in cases of flexion, the coexisting engorgement increased bulk and tenderness, constituting the "irritability" or "inflammation," as you please to call it, be the cause of the symptoms, as Dr. Meadows contends, or the reverse, he differed from Dr. Meadows, and believed that, pathologically, as well as therapeutically, the flexion was the prominent and remarkable feature of these cases. The tenderness of the uterus was generally limited to the displaced fundus, which was usually sensitive to the slightest touch. The restoration of the organ to its proper shape was, in his mind, the first indication, and the success of this mode of treatment amply justified this view of the case. To treat the inflammation of the uterus without altering the shape of the organ, appeared to him as illogical as the application of cooling lotions to the arm with the view of reducing a swelling and tumefaction due to the a dislocated shoulder-joint. The inflammation had to be treated undoubtedly; but in most cases, he concluded, the mechanical rectification did remove or materially improve this so-called inflammation.

Dr. Tyler Smith attributed much importance to uterine displacements, and believed that one common cause of retroflexion was perineal laceration, and that in this way displacement occurred without any disease of the uterus itself. He thought that the cases in which the suffering was slight were exceptional.

Dr. Rasch said that a great deal of the discrepancy in the opinion of different authors would disappear if pure cases of flexion were properly diagnosed from those complicated with infiltration of the ligaments, inflammation of the ovaries, adhesions, etc. After describing his mode of exploring the pelvis, he stated his belief that flexions were by no means the harmless affections they were asserted to be by some. The symptoms were mostly well marked, and the relief given in properly selected cases very striking.

Dr. Head had for some time, in all aggravated cases of retroversion, made examination *per rectum*, and he had so frequently found the left ovary low in the pelvis, swollen, and painful, that he was inclined to believe that the symptoms hitherto supposed by some to denote irritable uterus, depended mainly on a morbid sensibility of the left ovary, and that this condition had been confounded with the so-called "irritable uterus."

Glanders in the Human Subject.

The following interesting case of this formidable, but fortunately rare disease, is communicated by Dr. W. O. Baldwin, of Montgomery, Ala., to the *Richmond and Louisville Medical Journal*.

On the evening of the 11th of May last, I received a message from Drs. Tompkins, Townsend, and Roberts, requesting me to visit, in consultation with them, Mr. Eli Townsend.

Mr. Townsend, I learned, is a planter, in easy circumstances, now about 71 years of age; of large and once powerful frame; of active and industrious habits; has always enjoyed excellent health, and up to the commencement of this attack, was in remarkable preservation for one of his years. He has had on his premises a very fine saddle horse, affected with glanders since Christmas last. This horse he has kept in a close stable on his premises, but apart from the balance of his stock, and has persisted in tending him himself, in spite of the remonstrances of his family. About the 27th of April he received a small abrasion on the dorsum of the left hand. He continued, however, to nurse his horse, and among other duties which he performed for him was that of daily syringing his nostrils with vinegar and water. The injected fluid on its return, was of course mingled with the secretions from the nose of the animal, which were said to be very abundant, and it is quite likely that more or less of these offensive matters came in contact with the abraded surface on the hand during some of these operations with the syringe. He seemed to have some apprehension in exposing his hands in this way after the skin had become broken, and though he continued to use the syringe daily, he never failed to go immediately to the house, where, after giving his hands a thorough washing with soap and water, he would apply a small bit of paper saturated with spirits of turpentine over the abraded surface, as a preventive of bad consequences.

On the night of the 4th ult., about seven days after the abrasure on the hand, he felt a very slight uneasiness about the spot. On the next day (5th) he visited a relation in the neighborhood, where he spent the day, and whilst there, observed that the uneasiness in wound on hand

had increased, and noticed red streaks running up the arm, with some pain in axilla of corresponding side. Complained also of great oppression and distension about the stomach, and when the dinner hour arrived could not eat. Had no absolute pain in stomach but from the general distress in that region, said he thought he must have colic. Returned home in afternoon, and had rigors and flushes of heat, succeeded by fever. At night took a large dose of calomel.

On the 6th, calomel operated several times, but distress about the stomach still continued, accompanied with nausea. Hand and whole arm considerably swollen; some spots on skin hard to touch, and as "red as red flannel," on both arm and fore-arm. Had alternate rigors and fever, with great restlessness. Took several small doses of calomel.

On the 7th all the symptoms increased in violence. Took a dose of Cooke's pills. On the 8th, whilst applying a poultice to the affected arm, the nurse noticed that one of the hardest tumors on the fore-arm was discharging a thin serous fluid, and that underneath the cuticle where it had been broken, the tissues presented a very dark blackened appearance.

Up to this time he had not been visited by a physician. On the 9th he was seen by Dr. Tompkins, a highly intelligent physician of the neighborhood, who immediately diagnosed his condition as that rare disease in the human subject, known as glanders, which is sometimes communicated to man by the horse, ass or mule. Pulse full and regular, and about 90 per minute; skin hot and dry; tongue heavily loaded and moist; general feeling of uneasiness, distress and restlessness, with pains and soreness in extremities; thirst and nausea, but no vomiting or retching; rigors occasionally, and a desire to get out of bed and sit by the fire, which he sometimes did. Arm and fore-arm much swollen, with a general erysipelatous look; pustules, tubercles and bullæ, with hardened bases interspersed on different portions of limb of varying sizes and shapes, and in various stages of development, one of which had broken, and was discharging a thin sanious fluid, and revealing under the cuticle a blackish, sphacelated mass. Original wound where the skin had been abraded on back of hand, and which had been the point of inoculation, and now about the size of a twenty-five cent piece, somewhat sunken, of a dark-leaden color, and emitting a thin sanious fluid. Prescribed chlorate of potassa internally, and lead lotion to arm.

Drs. Roberts and Townsend saw the case in consultation on the 10th. Their description of his condition on that day, did not differ from the one given by Dr. Thompson, of his symptoms on the 9th, except in the general progress toward virulence and malignancy.

On the 11th and 12th there seemed great tendency toward congestion in the morning, marked by coldness of extremities, a leaden pallor of surface, and feebleness of pulse. This condition was followed in about four hours with febrile reaction, but without increase of frequency of pulse, which has been tolerably uniform at 98 per minute; has been frequently purged. Commenced taking calomel and opium on the 10th, which was continued at intervals until 12 o'clock, M., on the 12th. Nitrate of silver was applied to the wound, over and around tumors and gangrenous spots, and heavy caustic lines drawn around the arm in front of axilla.

When seen by me at 6 o'clock, P. M., on the 12th ult., pulse 72, large, bounding and intermittent; skin moderately hot, and occasional free perspirations; tongue dry, and considerably coated; great hebetude of intellect, (this I afterward thought was to some extent due to a pretty full dose of morphine taken in the early part of the day, as when I left him next morning his mind was clear). Has hiccoughs, some nausea, thirst, loathing of food, and extreme jactitation. Left arm somewhat swollen and red. The original wound at point of inoculation about an inch in diameter, circular, in a sloughy condition, and discharging a thin dirty looking serum. On other portions of the limb there were spots of different sizes and stages of development, from some of which the cuticle had been denuded, leaving a dark, almost black appearance, from which a dark-reddish fluid exuded. One of these gangrenous tubercles was situated midway and on back of left fore-arm, about three inches in length, and one and a half inches in width, from which the cuticle had slipped off as from a burn, leaving a dark gangrenous mass underneath, which was discharging a thin, dark-red sanies. On the right arm, over the olecranon process, there was observed on yesterday a small hard red spot, which is now about three or four inches in diameter and circular, the cuticle over which presents the appearance of a blistered surface, and the skin underneath, (which can be seen where the cuticle has been torn in a small place), of a dark livid color. These tumors, or tubercles, when they are first observed, are only red spots upon the skin, which is somewhat elevated with a bardened base. Within 36 or 48 hours they assume the appearance of regular

bullæ, the cuticle looking as if it had been scalded, beneath which a thin fluid collects into a vesicle, embracing the extent of the hardened base, easily broken or destroyed, and revealing the sphacelated tissues underneath, varying in appearance from a livid color to that characterizing complete gangrene, according to their duration—the latter generally occurring within 48 hours after first appearance. One of these hardened tumors, which was pointed out to me located near the elbow of the left arm, seemed to have resulted in the formation of a small abscess, which had discharged 36 hours after the discoloration and elevation in the skin had been first discovered. This discharge from this point was described as "considerable," and consisting of a bloody fluid mixed with quantities of matter having somewhat the characteristics of genuine pus. The tissues around this particular spot were the only ones which did not present either a sphacelus, or a decided tendency toward gangrene, in all places where the cuticle had been broken.

On different portions of the arm and fore-arm there are scattered three or four pustules, resembling fully matured small-pox vesicles, but larger and more pointed. One of the pustules was also found on the breast, and another on one of the legs of the patient. The prescription, which was the result of one consultation, was the avoidance of all exhaustive remedies, and the free use of sustaining measures, such as animal broths, milk, rich wines, brandy, etc., together with the internal use of chlorate of potassa, with hydrochloric acid and some preparation of iron. Prognosis unfavorable.

The march of the disease subsequently, was characterized by pretty much the same symptoms enumerated in the above report, giving at no time any indication of amelioration, but on the contrary, marked by a progressive increase in violence. Patient became quite delirious on the night of the 13th, which continued in a greater or less degree, with low muttering and coma toward the close. Involuntary discharges of urine came on. Hiccough, with dryness and redness of the tongue and mouth, and excessive thirst, were present throughout. Old abscesses and gangrenous spots, enlarged and sloughed. Four abscesses formed, and pustules scattered over the limbs, body and face, varying in size from that of a pea to a hazlenut. Eyes became swollen, with a livid discoloration surrounding them, with an unusual trembling of lower jaw. Jactitation which had been excessive throughout the attack, continued, with subsultus tendinum, until the patient expired on the morning of the 19th, about fifteen days after the beginning of the attack. No autopsy was made. The limb, which was much swollen at first, became greatly reduced in size.

A New Preparation of Lupuline.

Dr. Dyce Duckworth, medical tutor of St. Bartholomew's Hospital, recommends (*British Medical Journal*) the following formula. Lupuline, 2 oz.; spirit ammon. arom., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstrum to make up to a pint. The dose of this is from twenty minims to one fluid-drachm. He proposes to call it "tinctura lupulinæ ammoniata." He considers this preparation of the hop as the best we at present possess. According to Christison, the dose of tinctura lupuli should be from one fluid-ounce and a half to produce any hypnotic effect; the ordinary dose consists of as many drachms. Dr. Ives, of New York, states that the tincture of lupuline is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.

Extractum Carnis (Liebig.)

Thomas T. P. Bruce Warren, F. E. S., says in the *Druggist*, "If an aqueous solution of extractum carnis be digested with a large quantity of rectified ether, there is found on the surface of the solution, after a short time, a substance which does not dissolve in the supernatent ether, and if mixed mechanically, by agitation, with the solution, again separates, occupying the same position as before. I was led to this observation on examining extractum carnis for fatty and gelatinous matters about four years ago, during which time the contents of the bottle have remained undisturbed. I convinced myself at the time of its not being either of a gelatinous or fatty character; and not being at the time acquainted with a substance of such an apparently intermediate relation, I thought it would be interesting to determine at a future time the properties which this substance possesses as compared with the already examined principles existing in extractum carnis, and to compare it with the proximate principles existing in animal tissues, and which are possible to exist in extractum carnis. The ether was first carefully decanted, and the solution separated by filtration,

the substance remaining on the filter was thoroughly washed with boiling water. On the surface of the solution it appeared as a jelly-like stratum, with a large quantity of air bubbles invariably adhering to it, and which were removed only by drying. It possesses in an eminent degree the smell peculiar to the extract, and is decomposed by heat without melting. It is not dissolved by boiling water. In dilute acetic acid, the caustic alkalies, and alcohol it is partially soluble. Its alkaline combinations yielded no crystals. These results, and notably that of its swelling in water without dissolving, and its insolubility in ether, show that it consists principally of cerebric acid, derived probably from the nerves which ramify the parts from which the extract is made. A suggestion arises, that cerebric acid, as transpersed through the nerves of the muscles, may have a distinct modification to that found in the brain, for its insolubility in water should prevent its appearing in the extract even in the smallest quantity."

Transfusion.

Frese publishes some interesting facts on this subject in Virchow's *Archiv*, xl., (*Allgem. Med. Central Zeitung, No.* 50, 1868.) Experiments have shown that transfusion with the blood of fevered animals produces fever. Frese had made this observation himself, and has now extended his investigations, with the following results:

1. The transfusion of small quantities of healthy blood (up to one-tenth of its entire bulk) produced no considerable increase of temperature.

2. The transfusion of large quantities of healthy blood (one-fourth to three-fourths of the entire bulk) always caused a feverish elevation of temperature when a corresponding venesection had preceded the transfusion. The greater the interval between the two operations, the more considerable was the elevation of temperature; but this never exceeded an increase of 1° C.

3. A simple venesection also caused an elevation of temperature; but this only took place some time after the reduction of temperature, which is the primary effect of bleeding. From this we may assume that the products of the physiological disintegration of the tissues enter the blood in greater quantity after venesection, and have a pyrogenic effect. The sudden abstraction of blood has, as a consequence, an increased influx of the juices, as well as of the products of physiological disintegration; but yet an elevation of temperature is not shown immediately, because in bloodletting, an important quantity of those of its elements which are instrumental in producing chemical changes, as between acids and bases, is withdrawn. But if this is replaced by a like quantity of transfused blood, the increase of temperature is, of course, greater when the interval between the two operations has been longer.

[He probably means that it is so because a larger supply of matter (or fuel) is then accumulated, on which the acids, etc., of the healthy blood (transfused) produce their chemical effects at once; these effects being accompanied by the emission of heat.—A. A. H]

Certain Diseases common to Men and Animals.

Prof. A. Large, in the introductory lecture delivered by him before the New York College of Veterinary Surgeons, made some interesting remarks upon diseases common to both men and animals. The animals, the similarity of whose diseases to those of the human race was considered, are the horse, ox, pig, sheep, and dog. The similarity of the diseases of the horse and ox to those of mankind, was observed as early as the time of Aristotle. Beside being liable to the same accidents, as wounds, bruises, etc., the lecturer pointed out the fact that they were liable to disease from atmospheric changes, improper food, overwork, and other fruitful causes of disease among men. Among the diseases common to men and animals, he enumerated small-pox, and various other eruptive diseases. He stated that a great many sheep were destroyed by small-pox in England, during the year 1857, and urged that sheep imported to this country should be subjected to quarantine. He believed, contrary to the generally received opinion, that cows are subject to scarlatina, and attributed many cases of sore mouth to the drinking of milk drawn from cows affected by this disease. He asserted that what has lately been considered as the cattle plague was not identical with the cattle plague in Europe, and pointed out marked differences in the manifestations of the plague from the European plague, to sustain his position.

After discussing, to some extent, the subject of hydrophobia, he advised, in cases where people were bitten by dogs, that the animals should be confined, rather than killed, as, in case they should not prove to be rabid, the assurance thus obtained would do away with the anxiety that would otherwise be experienced.

The lecturer closed his remarks by urging the importance of establishing veterinary colleges in various parts of the country, as the dissemination of veterinary science is of the highest importance, both from a sanitary and commercial point of view.—*Sci. American.*

Sulphate of Nickel in Neuralgia.

Palmer, in *The Med. Record*, No. 56, vol. 3, 1868, reports a cure with this remedy. The disease had resisted treatment for three years, and during the last two months had become very severe. Half grain doses were given thrice daily, and in eight days the paroxysms were reduced to one in twenty-four hours. With this amelioration of the disease, the pulse diminished in frequency, and sound sleep was procured. The medicine was then continued until a perfect cure was effected.

Hæmatemesis.

Dr. Walter D. Jones reports a fatal case in which autopsy revealed cirrhosis of the liver, and so great a dilatation of the blood vessels of the stomach that many of them admitted the point of the little finger. The coats of the stomach showed no other signs of disease; the organ contained 45 oz. of coagulated blood.—(*Lancet.*)

Reviews and Book Notices.

NOTES ON BOOKS.

Among the recent French medical publications are the following:

Dr. E. Fournié's "Physiology and Instruction of the Deaf and Dumb, according to the Physiolgy of Different Languages;" Dr. G. Hayem's "Studies of the Different Forms of Encephalitis" (pathological anatomy and physiology.) Dr. Thomas David's "Gestation considered as to its Influence on the Physiological and Pathological Constitution of Women;" Professor F. De Niemeyer's "Treatise on Internal Pathology and Therapeutics" (translated under the author's eyes from the seventh German edition, considerably modified and augmented with more than 250 pp.)

Messrs. Black of Edinburgh, have in the press two volumes of the scientific remains of the late lamented Professor Goodsir—one of the greatest ornaments of the Edinburgh University in our time. The volumes are to contain a Memoir by Dr. Henry Lonsdale of Carlisle, with the valuable papers which were published by Mr. Goodsir in his lifetime; also notes of two important series of lectures—the one on the place which man has in creation, and the other on comparative anatomy. The text is illustrated by plates and wood engravings, and a fac-simile portrait taken from a rare photograph which was found in the possession of a friend.

Messrs. Hurd & Houghton, of New York, have in press "How not to be Sick; a Sequel to the Philosophy of Eating," by Albert J. Bellows, M. D. The "Philosophy of Eating" has been a marked success, having reached its fifth edition.

"Doctor or Doctress?" is the title of a pamphlet of eight pages by Dr. Samuel Gregory, of Boston, in which the propriety of adopting uniformily the latter term when speaking of female physicians is urged. We may remark that *doctor*, teacher, in pure Latin has no feminine from *doctrix*, as Dr. G., asserts, but is, if we recollect rightly, applied in classical writers to female as well as male instructors. At least the feminine form is not found in any of their works. Nor is it quite correct to say that Webster and Worcester "declare against" the use of Doctor as a noun of common gender, because they also give Doctress; as well say they "declare against" the use of author as a similar noun of common gender because they give authoress; yet the veriest tyro knows that *auctor*, late Latin *author is* correctly applied to both sexes. Nor does it at all solve the question what Mrs. Hale, or Mrs. Lincoln Phelps, or the Rev. Mr. Jenks, D. D., may think about the matter. If in the growth of language it is found convenient and necessary to resort to the feminine termination, it will be done.

The late Isaac Barton of this city at his demise bequeathed about sixty thousand dollars to the Woman's Medical College of this city. At the opening of the present session his life and character formed the topic of the introductory lecture of Rachel L. Bodley, Professor of chemistry and toxicology in that institution. It is an unusually well written testimonial to a worthy philanthropist.

Dr. James E. Garretson of this city has in preparation a work on Oral Surgery, which will cover the whole ground of that department, and we believe will be found nearly exhaustive of the subject. It embraces all the topics treated of by Mr. Heath whose work we recently reviewed, and has some twenty chapters in addition. It is now ready for the press, and we understand will be out before long.

Annual Report of the Board of Regents of the Smithsonian Institution. Washington, 1868.

This volume contains a number of articles on ethnology, especially American ethnology, of much interest to students of that branch. There are also in it many interesting contributions to general science, and biographies of distinguished scientific men.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 12, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE USE OF THE MICROSCOPE.

The microscope is daily becoming more and more indispensable to the practising physician, and those who have neglected to familiarize themselves with its use, constantly feel the deficiency. The Surgeon-General's office has lately issued a circular to medical officers containing some valuable instructions on the method of preparing microscopic specimens, so that they can be permanently preserved.

If the observer desires to prepare sections of such growths for his own study, he should proceed as follows: the small portions of the growth retained by him for that purpose should remain a few days in proof spirit, and then be transferred to alcohol of 75 per cent. After remaining a few days in this, they should be transferred to absolute alcohol, in which they should remain till hard enough to cut. The time required varies in accordance with the softness of the specimens from a few hours to a week or more.

After thorough hardening, the pieces may be kept in absolute alcohol for an indefinite period, especially if the alcohol be changed from time to time. The specimens, properly hardened, should be cut by a razor, with or without the aid of any of the ordinary cutting machines. The sections thus cut are stained with carmine by immersing them for a short time in Thiersch's staining fluid, which is prepared as follows: mix one part, by weight, of carmine with one of strong aqua ammonia and three of distilled water for the first solution—the second solution consists of one part of crystalized oxalic acid and twenty-two parts of distilled water. One part of the first solution is to be added to eight of the second, and twelve of absolute alcohol, and then filtered. If the filtrate is orange, instead of carmine-red, aqua ammonia is to be added drop by drop until the proper color appears. If crystals of oxalate of ammonia should form, they are to be filtered out. The solution is then ready for use.

The precise time of immersion required to stain sections successfully varies from half a minute to several minutes, and must be determined in each case by trial. When the sections have been immersed long enough, they are to be washed with alcohol of 80 per cent., and then soaked in a saturated solution of oxalic acid in 80 per cent. alcohol until the carmine remains only in the nuclei of the tissues. The time required for this varies from a few minutes to half an hour or more.

Trial having determined that the sections are soaked long enough in fluid, those which are satisfactorily colored are to be washed in alcohol of 80 per cent., till they are freed from all traces of oxalic acid and then to be transferred to absolute alcohol. They are to remain in this till they have parted with all the moisture obtained during the straining process, which requires from half an hour to an hour. They are then transferred to turpentine, in which they are permitted to float till saturated and should be immediately mounted in Canada balsam, without the use of heat. To effect this a solution of balsam in chloroform is prepared in the following manner: evaporate some balsam over a water bath till it becomes quite solid when cold, then dissolve it in enough chloroform to give the solution about the consistency of cream. Each section is immersed in a drop of this fluid on a glass slide and covered with a thin glass cover. The chloroform speedily evaporating leaves the balsam quite firm. The solution of balsam should be made thin enough to avoid trouble with air bubbles.

Pathological growths may be advontageously injected with some suitable fine injection by those who feel able to do so before employing the above process. The advantage which

this method has been found to possess over the glycerine methods recently employed by many European microscopists is, that the preparations are far more permanent, while they are quite as beautiful.

By these means preparations can be kept for any length of time, and can be used with great advantage in teaching and private study. By them pathological histology can be taught at any time, and they will before long be widely known and appreciated.

Notes and Comments.

The Physician's Daily Pocket Record for 1869.

We take pleasure in announcing to our readers that this favorite Visiting List for 1869 is now ready. It contains some improvements, most conspicuous of which is the *spring clasp*. This excellent invention, the application of which to medical diaries has been secured exclusively by Dr. Butler, is a vast advance in point of neatness, convenience, and durability over the tongue, etc., used by all other visiting lists. In the book itself, the principal changes are the insertion of some useful formula, a new arrangement of the French weights and measures, an increased number of pages devoted to obstetrical memoranda, and

The book is somewhat *narrower* than heretofore, so that it more readily enters the pocket, which will recommend it to many.

Physicians from all parts of the country have expressed the most flattering opinions of the "Pocket Record," and the large and constantly increasing demand for it indicates, better than anything else, the popularity which it has attained.

The weekly Reporter, the Half-Yearly Compendium, and the Pocket Record, make up a series of publications which should be taken by every physician in our country.

Sponge Tents.

The antiseptic sponge tents of Mr. Krause mentioned in our advertising columns have some advantages over any others in the market, especially in cases when the discharges are offensive. They are neat and useful.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Case of Uriniary Disease.

Editors Med. and Surg. Reporter:

I send you the following case for information, hoping to hear from some of the profession, through your journal.

Wm. A. Griffin, aged 37 years, teamster, on Aug. 2d, came to my office for advice. I found the case to be as follows: Three years ago, he a man of good health, good constitution, temperate, camped out, and arose in the morning with pain in the lumbar region and frequent micturition. The pain in the back soon ceased, but he has experienced great difficulty in urinating since, and, for the first two years of this nature, frequent great pain after, with a constant desire, yet no obstruction to the flow. Urine clear; no sediment on standing, and he says, never passed blood or pus. For the last year, gradually growing worse up to the time he came under my treatment. I will give the condition of the man at that time.

He bore that haggard countenance so peculiar of diseases of the urinary organs, with a constant desire to urinate, having to do so from six to eight times per hour, and at this period different from heretofore, attended with obstruction, being many seconds before he could pass any, then drop by drop, or at least only a small stream. Urine clear, no sediment, of normal reaction. No blood, pus, or mucus.

On trying to introduce catheter, found obstruction at the beginning of the membranous portion of the urethra, but succeeded in passing it, when the instrument moved on about one-half inch, and no allowable force would cause it to enter the bladder; not even a No. 5 gum catheter could be forced through. Called in Dr. F. B. Wood, of this place, who is, allow me to say, a fine surgeon for one of his experience. He concurring with me, we administered chloroform, took a silver catheter and forced it into the bladder. Thought to let it remain a number of hours. It causing so much irritation, had to remove it.

Aug. 3d. Introduced the catheter, but with difficulty; drew off urine and pus. Also injected the bladder with tepid water. Prescribed fluid ext. buchu and uva ursi; also tinct. ferri chloridi.

Aug. 4th. Feverish. Gave saline cathartic. Catheter was introduced, and the bladder washed out with warm water. At this time he was unable to allow more than four or six ounces being

thrown up. Passed considerable pus, mucus, and blood.

The above has been about my treatment of the case; passing the catheter every second day; at the same time injecting the bladder. Also prescribed wine and quinia sulph.; and morphia sulph., per rectum, to allay all pain.

The patient has gradually recovered, the stricture or obstruction daily disappearing, the desire to urinate decreasing, micturition further apart, discharge of pus or mucus constantly less, the bladder daily holding more water up to twenty ounces, urine passing off quickly without pain or straining in a good stream, and to-day, Sept. 28th, passed the catheter without pain or obstruction, and he has been three hours without urinating. I can report the patient in fine condition, and able to resume his labor. I will add that I could not discover any enlargement of the prostate, per rectum, or otherwise.

S. P. Phelps, M. D.

Big Rapids, Mich., Oct. 3d, 1868.

Hydrocephalus, Hour-glass Contraction, Adherent Placenta, followed by Puerperal Peretonitis,—Recovery.

Editors Med. and Surg. Reporter:

Thinking an account of the following case with its numerous complications, might not prove uninteresting to the readers of the Reporter, I have concluded to transmit the following.

December 13th, 1867, I was called to see Mrs. S., in labor with her fourth child. Membranes ruptured 24 hours previous; waters all gone; position right occipito acetabular; pains were inefficient at my arrival, but in a few hours strong uterine efforts occurred, and the head advanced, but the pains soon ceased again. The os being fully dilated and soft, I gave fluid ext. of ergot, and soon promoted uterine contractions, but without any benefit toward the advance of the head. Time rolled on, but no progress whatever. I was interrogated as to the cause of the delay. I knew that it devolved upon me to render assistance, and not be there as a silent spectator. I now made another close examination, and found the diagnostic signs which indicate hydrocephalus. I now made the cause of the delay known to the husband and wife. In her agony she supplicated me to save her; said she was willing to undergo any suffering, if she could be spared to her family. I consoled her, and relieved the natural anxiety on this point, still avoiding a positive committal. Now as to my procedure; version or delivery by the forceps were the only alternatives. Unfortunately I left home without my instruments; to send for them was too far, and precious time would have been lost, and delay was dangerous, as the woman's strength was failing; and again, the liquor amnii having drained off so long, made the operation of version very difficult, still I resorted to the latter. I introduced the right hand, "as it corresponded with the face of the child;" sought the feet, and succeded in the delivery, but had to make considerable traction to deliver the head, which was of enormous size. To all appearance the child had been dead several days. No sooner was the child delivered than there was a sudden gush of blood; without a moment's delay I introduced my hand, found portion of placenta detached; following the cord, I came in contact with a stricture; found that rare complication of labor, hour-glass contraction. I overcame the stricture, and by gentle manipulation, the adherent portion of the placenta in the upper chamber was detached, and the contractions expelled, hand and placenta *en masse*. From the loss of blood sustained her strength was gone, and at once had recourse to those measures best calculated to produce reaction.

Dec. 14th. Thirty hours after delivery, symptoms of puerperal fever developed. Pulse 130, full, regular; surface hot and dry, thirst, coated tongue; nausea and vomiting, "which was of a bilious nature," pain on pressure, lochia natural. No sleep; gave opium, and acidulated drinks.

Dec. 15th. Pulse same, surface hot, incessant thirst, tongue coated, vomiting increased, lochia scanty, urine high colored and deficient in quantity, pain more severe, slightest pressure occasioned exquisite pain, remained motionless on back, cephalalgia, sallow hue. Ordered dose of oil, gave opiate in large doses, with hyd. sub. mur.; also spt. eth., nit. ext., fluid ext. verat. vir., in mucilage, acacia, sinapism to abdomen.

16th. I requested Dr. Kern to see the case with me; found the pulse reduced to 120, otherwise not much change; the bowels had moved; the vomiting, which was heretofore bilious, was now of an acid nature; continued same treatment, with an addition of creta præparata powders, to correct acidity of stomach, omitting acidulated drinks.

17th. Pulse reduced to 112; not so much thirst nor heat of skin; vomiting, but not so frequent; tympanitis, owing to flatulency of intestines; lochia returning. Treatment the same; also liq. calcis, with a view of arresting the vomiting, also carminatives.

18th. Pulse reduced to 110; no thirst, no heat of skin; vomiting ceased; pain more localized,

not so general; tympanitis. Gave ol. terebinth. instead of carminative; discontinued liq. calcis; treatment otherwise the same.

19th. Pulse reduced to 90; tongue looks better; bowels moved spontaneously; not much pain; no tympanitis. Treatment the same, omitting ext. verat. vir., also ol. terebinth. Case remained in *statu quo* until December 22d; from this time she improved rapidly, and the treatment was modified to meet the exigencies of the case, and by Dec. 27th, I discharged her well.

G. P. Fox, M. D.

Bath, Pa., Dec. 2d, 1868.

Bromide of Potassium in Dysmenorrhœa.

Editors of the Medical and Surg. Reporter:

Among the many uses of bromide of potassium, I have not observed any notice of its employment in a disorder which so often baffles the the skill of the practitioner—dysmenorrhœa.

I was led to its use on general principles, believing dysmenorrhœa, as it exists among young women of the wealthy and luxurious classes of society, to be generally a disorder of innervation, corrected by whatever means, hygienic or therapeutic, which will most fully restore the health and equilibrium of the nervous system. My first trial of the drug was in the case of a young lady who had suffered intensely for years, and who had run through a long list of remedies, both at home and abroad, without relief. After the first trial, she reported a marvellous improvement, saying she had suffered very little, indeed. Since then I have tried the remedy in a number of cases, and in several of them with most satisfactory results. I generally find the annexed prescription sufficient for one time.

℞. Potass. bromid., ʒij.
Aquæ puræ, f.ʒij. M.

S. A teaspoonful in water, an hour after each meal.

I direct the patient to commence its use two or three days before the expected time of suffering, and to continue it until the amount prescribed above is used, repeating the same at each subsequent period so long as it may be needed, and while it meets the indications of the case.

I cannot but believe that many of those cases of contracted cervical canal which have been met by surgical treatment, might yield to this remedy; and regarding sphincters as intended to be *relaxed*, not divided, every application of therapeutics which can prevent mechanical interference in such cases must be regarded with favor.

Phila., Nov. 1868. P.

News and Miscellany.

Health and Habits.

Dr. Druitt, of London, in his late address to the metropolitan officers of health, made some interesting observations, quoted in the *British Med. Journal*, on the relations of habits and health. If certain persons, he observed, were admitted to the House of Commons, we can imagine bills introduced against tight-lacing, naked shoulders, and thin shoes, just as some clamor for an Act against wet-nursing. But warmth is only one function of clothing, and attractiveness and ornamentation are the more powerful; so head and feet and trunk will alternately suffer while sanitarians rave in vain. As regards childbearing, there are some curious facts not generally known, to which Dr. Druitt referred. Amongst them is the unfavorable influence of the marriages of immature and ignorant persons on the health of their offspring. For proof we must turn to the mines of facts constantly accumulating in the reports of the Registrar-General, and in the writings of such medical statists as Dr. W. Farr and Dr. Matthews Duncan. From these we learn the great and disproportionate mortality of women prematurely impregnated, and that the mortality of over-young husbands is on as extravagant a scale as that of their wives. As for the offspring of such marriages, the general law, according to the Registrar-General, is, that in the counties which are the most ignorant, they marry in the largest proportions under twenty-one years of age, and lose the largest numbers of their children. Discussing the subject of feasting and fasting, he expressed the belief that a discipline involving some periodical restriction either in the quantity or choice of food, would be productive of the best moral effects. Certainly the moral effect would be prodigious, if working men in good health could be trained to go without beer one day in the week. Intemperance is one of our greatest curses, but where is temperance taught? But with an Anglo-Saxon population, the greater the need for such teaching, the less likely are they to submit to it. They glory in eating and drinking as national virtues, and would soon find moral and religious grounds for not fasting. As for technical fasting, that is, satisfying the appetite with sufficient quantity, but excluding food of certain quality, such as flesh meat; it promotes a most interesting branch of cookery in the preparation of *meagre* dishes made savory by vegetables; and it would be a national boon, if this mode of cook-

ery were encouraged. Abstinence from fermented liquors alone would be most effective and desirable. But when fasting consists in the denial to a not overfed body of the *quantities* necessary for work and nutrition, it must be condemned without hesitation as unfit for this climate, and for persons who must work, and not merely indulge in contemplation. He knew many excellent religious persons whose forenoons, at certain seasons, are passed in the greatest discomfort, and he believed that the result is bad for health and temper; whilst all the good of a discipline in self-denial may be obtained with benefit to both.

Man's Antiquity in America.

At the meeting of the American Association for the advancement of Science, recently held in the city of Chicago, Colonel Whittlesey maintained that four American races preceded the red man. First, the mound-builders; second, a race in the territory now called Wisconsin; third a warlike race in the region south of Lake Ontario and Erie; and fourth, a religious people in Mexico. Pottery, arrow-heads, etc., have been found in conjunction with and beneath the mastodon and megatherium. A jaw and tooth were pronounced by Agassiz 10,000 years old. Mr. Foster gave an account of the discovery in a deep gold drift of California of a skeleton covered by five deposits of lava. He exhibited an arrow-head found in the valley of San Joaquin thirty feet below the surface. Human remains have also been found during excavations at New Orleans at a depth of sixteen feet. Mr. Foster exhibited a copper knife found in New Orleans, which he believed was a relic of the mound-builders, and a water-jug surmounted by a human head and a statuette of a captive with his hands bound behind him, both from Peru, and evidently of extreme antiquity. The recent explorations of Mr. E. G. Squiers have renewed some old theories as to a connection in origin between the earliest inhabitants of America and those of the Oriental countries. These statements remain, however, as theories only, and do not deserve to be classed with ascertained scientific facts.

Archæological Discoveries in the Region of Mt. Ararat.

Very little is known of the pre historic remains of man in the region of Ararat, and the cradle of the human race, as the explorations have been exceedingly imperfect. North of Mt. Ararat, on the summit of a hill, are to be seen the ruins of the city of Armawyr, which, according to historic records, was the first capital of Armenia more than two thousand years ago. It was then on the banks of the Araxes, but is now five miles distant. Much older remains exist. Graves, similar to what are called in Europe Celtic tombs, have been found. And in the mountains an entire city has been found, dug out of the solid walls of the cliff which runs along the edge of one of the affluents of the River Kur. This reminds one of the people who built the city of Petra, and, taken in connection with some excavated buildings, of the Troglodytes, who are described by ancient writers as dwelling in the northern region of Caucasus, as well as in Ethiopia and Mauritania. Extensive ancient salt mines, of which no historical record exists, have been discovered in the valley of the Araxes, both east and west of Ararat. In them have been found hundreds of tools used in removing the salt. They are mostly picks, or pick and hammer combined, varying from five to fifteen inches in length, and wrought with great labor from a tough hornblende rock. None of them were pierced for handles, but showed grooves for the reception of withes or thongs. No metallic instruments were found by Capt. Koschkull, who made the explorations; and they must rank among the oldest remains of human art.

Bread-Making.

The distinguished chemist, Liebig, recommends the following ingredients: 115 pounds of rye meal, 17 ounces of bicarbonate of soda, 4.8 pounds of pure hydrochloric acid, 4 pounds of common salt, and 42 quarts of water; the bicarbonate of soda and the acid yield carbonic acid gas, which renders the bread light and spongy. According to Liebig, the following are the advantages of the use of this method above the old-fashioned fermentation process: 1st. Saving of time and material, since no alcohol or other by-products are formed. 2d. This bread does not readily become moldy, since, not having been mixed with yeast, it does not contain, as is otherwise always the case, the sporules of cryptogamic plants, which are the cause of moldiness. The objection to the use of this bread by many people is its insipidity and the want of a flavor the palate has from childhood become accustomed to. To mend this defect, Liebig recommends the addition of from 4 to 8 quarts of vinegar upon 230 pounds of flour, and to correspondingly decrease the quantity of water. When it is desired to give to this kind of bread the taste of soldier's bread, *pain dé munition*, one should try to add to the dough and mix up with it, 8 ounces of rather dry, but not

too rich cheese. Liebig observes that at Münich, bread is now largely made according to the plan described; it only takes four hours to convert a hundred weight of flour into bread. As will be readily observed by the majority of readers, Liebig's process is on a small scale. Dr. Dauglish's system, the celebrated German *savant* observes, has, neither in Paris nor other French towns, taken at all well. The same applies to Belgium and Holland. Instead of rye meal, wheaten flour can be taken.

Earth Closets in the British Parliament.

At the last sitting of Parliament, it was "Enacted by the Queen's Most Excellent Majesty, by and with the consent of the Lords Spiritual and Temporal, and Commons," that

"Any enactment of any act of Parliament in force in any place requiring the construction of water-closets, shall, with the approval of the local authority, be satisfied by the construction of an earth closet or other place for the reception and deodorization of fecal matter, made and used in accordance with any regulation from time to time issued by the local authority.

"The local authority may, as respects any houses in which such earth closets or other places, as aforesaid, are in use, with their approval, dispense with the supply of water required by any contract or enactment to be furnished to the water closets in such houses, on such terms as may be agreed upon between such authority and the persons or body of persons providing or required to provide such supply of water.

"The local authority may themselves undertake or contract with any person to undertake a supply of dry earth or other deodorizing substance to any house or houses within their district, for the purpose of any earth closet or other places aforesaid.

"The local authority may themselves construct or require to be constructed earth closets or other such places, as aforesaid, in all cases where, under any enactment in force, they might construct water-closets or privies, or require the same to be constructed," etc.

The rapid advances made by the earth closet since it was first introduced to public notice—not more than four years ago—is the strongest possible argument in favor of its adoption, at least in all towns and detached country houses which have not an abundant supply of water.

—— Dr. N. Miller, of Providence, R. I., has presented a library of three hundred volumes, with book case, to the Rhode Island Hospital.

Case of Hermaphrodism.

Catharina Hohmann, who presents in her (his?) own person a remarkable case of hermaphrodisia vera lateralis, which has been described by Prof. Rokitansky and others, is on her travels in Germany exhibiting her unique malformation. She complains, however, that in Vienna the authorities put a stop to her turning an honest penny in this way, "aus sittlichkeitsrücksichten." So she advertises in the *Wiener Medicinische Wochenschrift* that she can be examined at her own rooms by those interested in her case.

A journalist who saw her writes to the Vienna *Presse*: "I pitied the poor creature. Although in good health, and of robust, and even beautifully shaped form, she sat before me in deep distress and wept. And she has wept already a great deal in her joyless life. She loved a man for twelve years; he loved her, too, and even proposed to her to go with him to America, where nobody would know of her misfortune; he would live with her there and be happy with her. But she refused to accept his generous offer, saying she would not make him unhappy. And then she loved, dreadful to say, for seven months—a young girl. Both of them were greatly attached to each other until the young girl finally turned from her and married. "From this time forward," says the poor hermaphrodite, "I could no longer look at the girl; I hated her." The most conflicting feelings always surge in her breast and torment her heart. She feels love for both sexes, and does not belong to either. "What shall I do here on earth!" she exclaimed. "What am I? In my life an object of scientific experiment, and after my death, an anatomical curiosity!"

—— Dr. Dyer Story, of West Windsor, one of the oldest physicians in Vermont, died recently. He was over 80 years old, and has been in practice in West Windsor for more than 50 years.

—— Adam Carrel, of Galliopolis, Ohio, wants to find the address of Dr. Snyder, who was Assistant-Surgeon of the Columbus Hospital, in Hickman county, Kentucky.

Army and Navy News.

Navy News.

List of changes, &c., in the Medical Corps of the Navy, from Nov. 23d to Dec. 5th, 1868.

Surgeon Louis Zenzen, died November 22d, 1868, on his passage home from Panama.

Passed Assistant-Surgeon H. P. Babcock, resigned.

Passed Assistant-Surgeon J. P. Parker, ordered for duty at Naval Rendezvous, New York.

Past Assistant-Surgeon E. B. Bingham, detached from N. Rendezvous, New York, and ordered to N. Rendezvous, Philadelphia.

Assistant-Surgeon H. J. Babin, ordered to the U. S. S. Gettysburg.

Passed Assistant-Surgeon Theoron Woolverton, promoted to Surgeon.

Surgeon W. K. Scofield, ordered to duty at Naval Rendezvous, Boston, Mass.

Passed Assistant-Surgeon J. M. Flint, detached from Naval Hospital, Chelsea, and ordered to the U. S. S. Franklin.

Assistant-Surgeon Jas. M. Scott, ordered to duty at the Naval Hospital, Chelsea, Massachusetts.

Assistant-Surgeon Wm. M. Reber, ordered to report, on the 15th inst., for examination for promotion.

Acting Passed Assistant-Surgeon R. T. Brooks, detached from the "Gettysburg" and ordered home.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Anshutz—Orr.—Nov. 26th, 1868, at the residence of the bride's parents, by the Rev. W. T. Beatty, of Shady Side, Theodore F. Anschutz, of Greensburg, Pa., and Emma E., only daughter of Dr. James Orr, of Pittsburgh, Pa.

Crowell—Leach.—In Holmes' Hole, Mass., Nov. 16, by Rev. F. Edson, John H. Crowell, of Providence, R. I., and Miss Josephine A. Leach, daughter of Dr. W. Leach, of Holmes' Hole.

Cushing—Woodbury.—In Boston, Nov. 17, by Rev. S. Cushing, Jr., at the residence of the bride's father, Joseph W. Cushing, M. D., and Miss Isabella A. Woodbury, daughter of Charles Woodbury, Esq.

Deal—Skinner.—In Covington, Ky., Nov. 24th, at the residence of W. M. Spencer, Esq., by the Rev. W. C. Young, John R. Deal, of Helena, M. T., and Nettie, second daughter of the late Dr. John A. Skinner, of Leavenworth, Kansas.

Faust—Schwenk.—On the 28th of November, 1868, by the Rev. A. L. Dechert, Jonathan Faust, M. D., and Amanda Z. Schwenk, both of Zieglerville, Pa.

Gray—Penniman.—At Van Deusenville, Mass., Nov. 25th, by the Rev. J. A. Penniman, Robert Gray, of New York, and Cora A., daughter of Dr. James Penniman, of Worcester, Mass.

Lukens—Corson.—On 26th of 11th mo., by Friends' ceremony, at the residence of the bride's parents, Montgomery co., Pa., Jawood Lukens, of Conshohocken, and Susan F. Corson, daughter of Dr. Hiram Corson.

O'Neale—Eckels.—In Mechanicsburg, Pa., Nov 28th, by the Rev. S. W. Reigart, Dr. Lindsay P. O'Neale, of York co., Pa., and Miss Maggie W. Eckels, of Mechanicsburg, Pa.

Polley—Hedge.—Nov. 5th, in Des Moines, Iowa, by Rev. A. Dinsmore, Dr. R. J. Polley and Miss E. C. Hedge, all of that city.

Thompson—Ely.—On the 12th of November, by Rev. W. J. Alexander, at the residence of the bride's parents, William R. Thompson, of Taylorstown, Pa., and Miss Agnes Ely, of East Buffalo, Washington co., Pa.

Watters—Grafflin.—On the 26th Nov., in Dayton, Ohio, at the residence of the bride's parents, by Rev. C. Ferguson, Dr. Thomas S. Watters, of Baltimore, Md., and Miss Amanda Grafflin.

DIED.

Evans.—In Richmond, Ind., on the 26th ult., of consumption, Dr. D. J. Evans, aged 56 years.

O'Reilly.—At his residence, No. 46 Washington Square, New York, on Sunday evening, Dec. 6, Dr. John O'Reilly.

Howell.—In New York, on the morning of Wednesday, the 2d inst., Dr. Warren Howell, in his 57th year.

Sharp.—At Greenville, Ohio, Nov. 17th, 1868, Frances L., wife of Dr. A. L. Sharp, aged 23 years.

OBITUARY.

Henry Wheaton Rivers, M. D.,

Of Providence, R. I., died in that city on Dec. 3d. Dr. Rivers was one of the leading surgeons of Rhode Island. Having been educated at the Harvard and University of Pennsylvania Medical Colleges, he commenced practice in Providence in 1839. In 1845 he published a very useful little book on "Accidents and Poisons." At the breaking out of the war, he was one of the first to volunteer, and remained in the service till after Lee's surrender. He was at various times detached as Brigade Surgeon of the Third Brigade, Department of North Carolina; Surgeon to Third Division, Department of North Carolina; Medical Director of the Army for the Defences of Harper's Ferry, Va.; Surgeon to Headquarters Army of the Potomac; Surgeon to Headquarters Department of the Ohio; and Medical Inspector of Third Division, Ninth Army Corps. At the close of the war he was breveted Lieutenant-Colonel for meritorious services.

WORDS OF CHEER.

Under this caption we propose from time to time, to give brief extracts from our correspondence, showing the appreciation in which the publications of this office are held by the profession in different sections of the country.

Dr. J. H. M., Massachusetts, writes:—

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Dr. J M C., Indiana, writes:—

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ANSWERS TO CORRESPONDENTS.

Dr. A. G. L., of Md.—The price of Goff's Combined Day-Book, Ledger, and Daily Register of Patients is $12.

Dr. R. D. W., of Pa.—The article you refer to, speaks of the administration of tinct. lobelia in tablespoonful doses, if we recollect rightly. Quiniæ sulphas can be made tasteless by the addition of chocolate. The vaccinator is useful when you have a great many to vaccinate, but in ordinary private practice, can be dispensed with.

METEOROLOGY.

November,	23,	24,	25,	26,	27,	28,	29.
Wind	N. W.	N.	E.	S. E.	N. W.	S. W	W.
Weather	Clear.	Clear	Cl'dy. Rain.	Cl'dy. Rain.	Clear.	Clear.	Clear.
Depth Rain				8-10			
Thermometer.							
Minimum	27°	38°	31°	39°	30°	27°	30°
At 8, A. M.	35	42	39	51	38	37	40
At 12, M.	46	53	44	52	46	50	48
At 3, P. M.	43	52	43	52	47	50	46
Mean	37.75	46.25	39.25	48.50	40.25	41.	41.
Barometer.							
At 12, M.	29.9	29.9	29.9	29.4	30.	29.7	29 6

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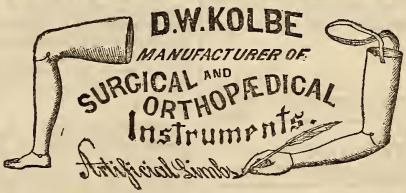

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MEDICAL AND SURGICAL REPORTER.

No. 616.] PHILADELPHIA, DEC. 19, 1868. [Vol. XIX.—No. 25.

Original Department.

Communications.

CARBOLIC ACID AS A POISON.

By Joseph G. Pinkham, A. M., M. D.,
Of Lynn, Mass.
Professor of Chemistry and Toxicology in Berkshire Medical College.

Carbolic acid may now be fairly said to have passed the period of its probation, and to have taken its place among the standard articles of the materia medica. Although long known to chemists, it is only within a very few years that its valuable properties as an antiseptic, disinfectant, parasiticide, and caustic, have been recognized and understood by the medical profession. That it has rapidly come into general favor, the following brief enumeration of its principal uses will show: It is employed for embalming the bodies of the dead; for preserving anatomical specimens; for the treatment of primary syphilis, mucous tubercles, carbuncle, quinsy, diphtheria, and ulcerations of the cervix uteri; as a dressing for burns, fresh wounds, and fœtid, purulent sores; as a parasiticide and anti pruritic remedy in certain cutaneous affections; as a disinfectant for hospital wards, privies, sewers, and clothing; as a preventive of contagion in cases of typhus, cholera, the cattle plague, and other infectious diseases; and even as an internal remedy in obstinate vomiting, chronic diarrhœa, spasmodic asthma, phthisis pulmonalis, chronic bronchitis, and malignant fevers. Much undoubtedly remains to be learned, both in regard to its therapeutic virtues and the dangers arising from its misuse; yet time and the results of future investigations can only modify, not wholly destroy the popularity it has so quickly attained.

Like all other potent medicines, it is capable of acting as a poison. F. Crace Calvert, to whom is chiefly due the credit of having first brought this substance prominently into notice as a medicinal agent, says, (as quoted by Dr. Caldwell in the *Boston Medical and Surgical Journal* for July 2d, 1868), "The great advantage which carbolic acid possesses over all other antiseptics, is, that it cannot be used for any illegal purposes, as arsenic or corrosive sublimate may." It is difficult to understand the ground for this assertion. Several fatal cases of accidental poisoning by carbolic acid are already on record, and one not fatal has come under my own cognisance. Indeed, this poison seems not inferior in power and rapidity of action to oxalic acid, and hardly so to strychnine, while a much smaller quantity than of the former is required to produce a fatal result.

In view of these facts, I have thought that a consideration of the subject from a toxicological stand point, might be of some value to the profession. It certainly becomes us, who use as medicinal agents drugs potent for evil, to study well their nature and powers, that we may guard in every possible way, against the occurrence of accidents.

A full account of any substance, as a poison, would embrace a description of

1. Its physical and chemical properties.
2. The methods of separating it from organic mixtures as a preliminary to the application of chemical tests.
3. Its toxical effects upon the system, with the symptoms and post mortem appearances involved.
4. Its antidotes.
5. The medico-legal evidence of poisoning by its use.

This scheme I propose to follow, even at the risk of repeating, under the first division of the subject, much that has been said be-

fore. The drug is so new to the profession that it may not be necessary to offer an apology for doing what, in the case of a substance better known, would be simply a work of supererogation.

I. Physical and Chemical Properties.

Pure carbolic acid ($H\ C_6\ H_{50}$) is found in commerce in two forms, a glacial or crystalline and a liquid form. Glacial carbolic acid is a colorless solid, of low specific gravity, consisting of broken acicular crystals, which melt at a temperature of 95° F., and become liquid on the addition of a small quantity of water. Liquid carbolic acid has a specific gravity of 1.065, is easily volatilized, and boils at a temperature of 359 F. When pure, it is colorless, but as usually seen, its color is a light pinkish-brown. Its odor resembles that of creasote, but is less penetrating and disagreeable. Its taste is hot and pungent. When brought in contact with the tissues of the body, it acts as a caustic, producing a white slough. Its vapor also powerfully attacks the mucous membrane of the eyes, nose, and lips.

Carbolic acid coagulates albumen, gluten, and caseine. It is called an acid, but it belongs more properly among the alcohols. It does not redden blue litmus paper, and the compounds it forms with bases, even those the most powerful, are unstable. With sulphuric acid it unites, forming a colligated acid. It forms with water a crystallizable hydrate, soluble in water and alcohol. Its compound with potassa, potassic carbolate, is a colorless crystallizable substance, easily decomposed by heat and the acids, which might possibly prove a valuable substitute for potassic hydrate as a caustic.

Carbolic acid dissolves in all proportions in alcohol, ether, glycerine, the fixed oils, and strong acetic acid. In regard to its behavior with water, authorities differ. My own observations lead me to the following conclusions:

1. With twenty times its weight of water (the minimum) carbolic acid forms a solution, or, more properly speaking, a permanent emulsion.

2. With twelve times its weight of water, it forms, on agitation, a temporary emulsion, which, for all practical purposes, is equivalent to a solution.

The taste of the aqueous preparations and of dilute solutions in certain other menstrua, is warm, and not unpleasant, while the odor is feeble. The impure acid, sold chiefly for disinfecting purposes, is of various degrees of strength and purity. Its color is dark, and its odor much more marked than that of the pure acid. It may be well, at this point, to state that several preparations of different strength have been sold in the market under the name of "saturated solution of carbolic acid." To avoid mistakes, it would be well for physicians, when prescribing the drug for medicinal purposes, to write for the pure acid, dictating the menstruum if a solution be required. Carbolic acid is known by several different names, as phenol,—more appropriate by far than the one it now generally bears—phenylic alcohol, phenylic acid, phenic acid, hydrate of phenyl, etc. It occurs in coal tar, associated with creasote, and the two have often been mistaken, the one for the other. Cresylic acid, a substance also found in coal tar, resembles carbolic acid in properties, and has been considered by some identical with it. Williamson regards it as a distinct compound, and gives its formula as $H\ C_7\ H_7\ O$.

Carbolic acid may be recognized by its odor, by its action on the animal tissues, by its behavior with water, and by the following chemical test:

A splinter of deal, dipped first into the acid, and then into strong nitric or hydrochloric acid, will become blue on drying.

II. Separation from Organic Mixtures.

The separation of carbolic acid from organic mixtures, as in the case of other destructible organic compounds, is always a difficult, and sometimes an impossible task.

The proper method of proceeding would be as follows: Cut up the solid portions of the mixture into fine pieces, add large proportion of warm, distilled water, and agitate with a glass rod; let the whole stand for several hours, with occasional stirrings; filter through fine paper, and distill, taking care that as the process is nearing completion, the heat be not great enough to clear the non-volatile or-

ganic residue. It would be better to make use of a water bath, by which means the danger of clearing away may be completely avoided. Add calcic chloride to the distillate, and re-distill after the manner of concentrating alcohol. By these means the acid may be obtained sufficiently pure for recognition. The greatest care and skill are requisite, and even with them, the experiment may fail, especially if all the poison had been absorbed into the circulation before death. If a portion has remained unabsorbed, its recognition is less difficult. All the customary precautions enjoined in such operations, should be observed.

III. Toxical Effects upon the System.

Carbolic acid operates as a poison both before and after its absorption into the circulation. Before absorption it acts as a caustic or simple irritant, according as the preparation employed is strong or weak. When pure, or in strong solution, it coagulates the albuminous portions of the tissues, thus preventing or retarding the process of absorption. The usual symptoms of corrosive poisoning attend this action. They are, however, less marked than with most other corrodents, owing partly to the fact that carbolic acid acts as a local sedative, in this way diminishing the pain, and partly to the speedy occurrence of general symptoms, which to a great extent, mark the local ones. Spasmodic stricture of the œsophagus is a common occurrence when the strong acid has been given per os. Owing to this fact vomiting is not likely to take place. Weak solutions produce no local effect except irritation; but as they are more rapidly and completely absorbed, the ultimate effect may be more dangerous.

After absorption the drug acts directly upon the nervous centres, causing headache, giddiness, trembling, convulsions, insensibility, stertorous breathing, contracted or dilated pupil, a rapid, intermittent pulse, excessive prostration and death. The surface of the body is usually pale, and bathed in cold perspiration. When the quantity taken is large, death may occur almost immediately from an overwhelming impression on the system, as in the case of oxalic and hydrocyanic acids. In auricles death seems due to a suspension of respiration from tonic spasm of the muscles concerned in the process, or from muscular exhaustion caused by a long continued and rapid succession of clonic spasms. A prominent symptom is the profound insensibility which comes on in a very short time after the ingestion of the poison. Where death does not result from the general action of the poison, it may occur after a time, from the severity of the local lesions. Carbolic acid is quickly absorbed, and quickly eliminated from the system. This fact is proved by the speedy occurrence of general symptoms after its administration, and the speedy recovery when the result is not fatal. The kidneys are the great agents of elimation, but there is good reason to believe that the skin, lungs, and intestinal mucous membrane may also take part in the process. A portion of the poison is undoubtedly destroyed in the system, and another portion eliminated unchanged.

Post-mortem Appearances. The local lesions discovered after death are such as we would naturally expect to find from the caustic and irritant action of the poison. The strong acid causes the mucous membrane of the mouth, œsophagus and stomach to become hard, white and corrugated. The corrugation results from the contraction of the muscles in the walls of these organs. The several evidences of inflammatory action in its various stages may be observed. Congestion of the cerebral and spinal meninges has been noticed in animals, but it is not a constant phenomenon. The lungs are often engorged, and the heart is sometimes empty and flabby, sometimes distended with blood. The kidneys may be much congested, and the bladder distended with urine. In confirmation and further elucidation of the statements here made, I subjoin below an abstract of several reported cases of poisoning with carbolic acid, and an account of some experiments on animals, performed for the purpose of gaining information on this subject.

Reports of Cases.

Case 1. The following account is given from memory, as the gentleman who has the notes of the case is now absent in Europe.

Miss A. L., a young lady, twenty years of age, was troubled exceedingly with ascarides, which, not content with their normal habitat, the rectum, kept migrating into the vagina, where they occasioned a distressing pruritus. Having tried, without avail, all the ordinary remedies, she took, on recommendation as a *dernier resort*, an enema of carbolic acid dissolved in glycerine. The amount taken was large. I think about 145 grains. Alarming symptoms came on almost immediately, and medical aid being near at hand, reached her in a few minutes. When first seen by the physician in attendance, she was in the act of falling from her seat to the floor. She rapidly became convulsed, delirious, and finally nearly or quite insensible. The surface was cold and moist, the pulse weak and flickering, pupils contracted and breathing stertorous. The case must inevitably have terminated fatally without the prompt and efficient treatment which it received. Free injections of milk were given, and the sphincter ani ruptured to facilitate the discharge of the liquid. In this way the rectum was thoroughly washed out in a short space of time. The constitutional symptoms were, at the same time, combatted by ammonia, camphor, and other diffusible stimulants. In about fifteen or twenty minutes a copious flow of limpid, colorless urine came on, which lasted several hours. The exact amount of urine passed was not ascertained, but it must have been enormous. Its odor was slight but peculiar, not that of carbolic acid, nor that of normal urine. No chemical examination was made. Under the treatment the patient soon began to amend, and when I first saw her, some two hours or more after the injection had been taken, she was reclining upon a sofa, with a flushed countenance, seeming very weak and in some pain, but perfectly conscious. A severe rectitis followed, which was readily controlled by appropriate treatment, and in a few days the patient was entirely recovered. It is well to remark that the ascarides were effectually destroyed.

[To be continued.]

—— Josh Billings says he has "seen some awful bad throte diseases completely cured in three days by simply jining a temperance society."

CASE OF DISLOCATION OF THE HIP—UNSUCCESSFUL ATTEMPT AT REDUCTION—SUBSEQUENT DEATH OF THE PATIENT, AND POST-MORTEM.

By J. T. Reeve, M. D.,
Of Appleton, Wis.

James Doran, Irish, aged 19, an employee on the line of the C. & N. W. R. R., was injured on the morning of Friday, Sept. 25th, 1868, in the following manner. Young Doran was by a sudden jar thrown from a hand car which he with several other men were propelling at an estimated rate of 12 miles per hour. At the time of the accident he was standing on the forward part of the car, working the lever and facing the rear, and fell over backward in the direction the car was moving, but when rescued was found lying between the rails with his head in the opposite direction, the car having passed over him as he lay thus between the rails, and having had its two rear wheels displaced from the track. It is believed that this displacement of the car wheels must have been occasioned by the force with which some part of the car struck the patient, as the jar causing the accident was occasioned by the dragging of a rope leading from the car, on which Doran was, to another car drawn by it. Underneath the car from which Doran was thrown, and which passed over him, there runs a cog-wheel, a part of the propelling machinery of the car, the lower part of which wheel by careful measurement was just 9 inches from the ground on which the patient was lying. When picked up he was perfectly rational and complained of little but pain in the hip. He was put on the car and conveyed on that and in the arms of his fellows to his home, a distance of some two miles, and one hour afterwards was seen by Drs. Graham and Stansbury, of this city, and very soon thereafter by the writer.

The patient was found to be bruised and scratched in several places, but giving no evidence of serious injury, except that there was a well marked dislocation of the right femur upwards and forwards upon the pubes, shown by shortening of the limb, by abduction, and outward rotation, and by a prominent tumor

above the pubes caused by the head of the bone, to be plainly seen as well as felt in its unnatural position. There was also found extending from the outer side of the knee of the injured limb, diagonally across, upward and inward to the perineum, the marks of hard pressure from the cog-wheel before mentioned—each cog having left a distinct impression. There was no evidence that any of the car wheels proper had touched the patient.

Chloroform was administered until the patient was profoundly anæsthetized, when the head of the bone was found to move with very great facility by gentle manipulation of the limb, and we congratulated ourselves with the prospect that its replacement would be a very easy task—but in this we were sadly mistaken as the result will show.

Reduction was first attempted by manipulation and gentle extension, the limb having been successively and repeatedly carried to its greatest states of both abduction and adduction with flexion and rotation both outwards and inwards.

Having full confidence of success by this method, we gave it a faithful and prolonged trial, but failing in all these efforts we next resorted to extension by means of the rope windlass,—the only appliance at hand—the patient meanwhile lying on the outer edge of a hard bed, the counter extending band being in a line with and above the patient while the extending band was continued in the line of the limb and below the level of the body. These efforts were also aided by means of a short band running beneath the injured limb and over the shoulder of the operator, and by such rotation and manipulation as was possible, in the hope thereby to disengage the head of the bone from the rim of the pelvis and cause it to glide into its socket.

Still meeting with failure, after having made as we thought all reasonable efforts, the patient was allowed to come out from under the influence of chloroform and was left until the afternoon of the same day, when further attempts to reduce the dislocation were made by ourselves and by Dr. Brunschwfiler, also of this city, and by Dr. Guinam, of Medina; but after long and repeated efforts by every method conceived by any of us to offer the least prospect of success, the extending and counter extending forces having been repeatedly raised in their relations and manipulation made in, seemingly, every conceivable position of the injured limb, we were reluctantly compelled to the conclusion that *we* could not reduce the dislocation, and after consultation we unanimously advised the friends to secure the services of some one of the leading surgeons of our larger cities and centres of surgical skill. To this advice the friends assented, agreeing to send either to Milwaukee or Chicago, the names of the prominent surgeons of those two cities being furnished them—but during the night and without farther consultation with us, a messenger was despatched to the neighboring city of Green Bay, who brought to the case Dr. H. O. Crane, one of the leading surgeons of that city or part of the State.

The Dr. arrived early the next morning, about 24 hours after the occurrence of the accident, and was accompanied to the patient's house by Dr. Graham and myself. Young Doran had taken some anodynes and had passed a comfortable night, but the injured region was somewhat swollen and inflamed, and very tender. Nevertheless the Doctor approached the case with the same confident expectation of reducing the dislocation, that we who had tried to do so, on the day before, had experienced, but after a long, patient, faithful effort, he met no better success than we had done, and as reluctantly abandoned the case.

Immediately after this effort a telegram was despatched to Milwaukee for either Drs. Wolcott or Marks, which was responded to by Dr. Marks, a surgeon of extensive experience and undoubted skill, who came on Sunday morning, 48 hours after the injury was received. The patient this day was found in even better condition than he was in on the day before, with less local tenderness or signs of inflammation, with a good pulse and without any increased swelling of the injured region. The Doctor was armed with pulleys and with a Jarvis' adjustor, neither of which instruments had heretofore been used, and both of which

after he had thoroughly tried manipulation &c., were resorted to, but with no better success than had accompanied previous efforts.

Disappointed in these efforts, the Doctor retired until Thursday the 1st day of October, when he re-appeared, accompanied by Dr. Wolcott, also of Milwaukee, for many years acknowledged to be the leading surgeon of the State, and during the war, the Surgeon-General of the same.

The patient's condition on this occasion was not as favorable as it had been on all previous occasions, there being more constitutional disturbance and more local inflammation with a considerable degree of effusion both around the injured region and extending down the limb. Still there was no great degree of tenderness and on the whole, considering the nature of the injury and the efforts previously made, there was a decidedly better condition than we could have anticipated.

The patient came under the influence of chloroform this time very easily and profoundly, and the confident expectation of all was, that in the hands of the two eminent gentlemen above named, there would this time be no failure; but after faithful and repeated efforts by manipulation and by the appliances heretofore mentioned—all without success—it was declared by Dr. Wolcott to be irreducible, in which all present, including all of the resident surgeons named in connection with the first day's proceedings concurred.

On the morning of the next day, the 8th after the accident, the patient was found with extensive effusion around the injured region, with the whole limb cold and greatly swollen, with a very rapid, feeble pulse, and constant vomiting, in short, failing evidently and rapidly, and on the evening of the same day death occurred.

The most strenuous efforts were then made to secure a *post mortem*, which was finally granted, but not until so late an hour, that long before we were through with our examination the friends had assembled for the funeral.

The following is the result of the *post mortem*, made chiefly by Dr. Graham 34 hours after the death of the patient—Drs. Stansbury, Brunschweiler and the writer being present.

An incision 9½ inches in length was made on the inner side of the thigh and lower part of the abdomen, with incisions 6½ inches in length at right angles to this from its upper and lower extremities outwards. The skin and superficial fascia being then dissected off, we came to the deep fascia in which there were several openings, through one of which the head of the femur was found protruding. This fascia being carefully dissected off, and the effused fluids, of which the amount was very considerable, removed, the position of the parts was as follows: The head of the femur was found above the rim of the pelvis a little below the line of poupart's ligament, and pointing directly upwards—nearly in line with the inner edge of the acetabulum.

To the head was attached the whole of the ligamentum teres, which had been torn from its attachment to the acetabulum. The capsular and ilio femoral ligaments were also completely destroyed, there being left no particle of ligamentous union between the femur and the acetabulum.

The head of the bone was thrust between the nerve and the vessels—the nerve lying on the outer side, and the artery and vein on the inner side of the neck, closely encircling the same. The sartorius, the tensor vaginæ femoris and the pectineus muscles, which had been exposed by the dissection, being cut through and laid to one side, more than one half of both the adductors, longus and brevis were found to be torn loose from their pubic attachments, and these muscles were wholly detached from their insertion upon the femur, indeed the whole periosteum was torn loose from the inner side of the femur down nearly or quite to the middle of that bone, while below that point it could still be easily detached from the bone with the finger, and the muscles above named and the tissues generally were found in a softened condition, capable of being broken down between the thumb and fingers.

Pursuing the investigation farther, there was found to be a fracture of the upper and inner edge of the acetabulum, and also a fracture of the femur through the trochanteric

fossa, removing nearly all of the trochanter major and extending down on the shaft of the bone, to a point a little below the level of the trochanter minor, the section of bone thus removed being about three inches in length by perhaps one and one half inches in width at its widest part.

The trochanter minor was uninjured, and the attachments of the psoas magnus and iliacus intact, but these muscles came down to their insertion, not over the neck of the femur, but behind and to the inner side of the same, thus effectually preventing reduction by rotation internally, while the rectus was found equally to resist rotation externally.

This position of the psoas and iliacus muscles explains to us why, when on two or three occasions during life, the head was by forcible rotation thrown over the rim of the pelvis, apparently into the thyroid foramen, (from which position by the next movement it was expected it would slip into the acetabulum), it was suddenly, and to us then, incomprehensibly, found to be reposited in its first position above the pubes. We had simply, by this rotation, thrown the head or neck of the bone more directly and forcibly upon these muscles, farther movement in the same direction could have been made only by their rupture, and also by the rupture of the vessels which lay upon them. We understand now also why the reduction could not be accomplished by extension, because however far down the head might be drawn, still beneath it and between it and the acetabulum were these muscles. During life, on several occasions, especially under the use of the Jarvis' Adjustor, the head was brought as low or lower than the acetabulum, could it then have been brought beneath these muscles, the reduction would have been accomplished; but the rotation necessary to accomplish this could not have been made, and this dissection has also revealed to us, that could we have known the position of the vessels and nerve, any violent efforts at rotation would have been an exceedingly unpleasant thing to contemplate.

In concluding the post-mortem, the tendons of the psoas and iliacus were finally divided, and the head of the bone was replaced in its socket.

No other part of the body was examined.

Before ending this report we wish to call especial attention to the character and violence of the blow causing the dislocation. Exactly how this dislocating force was applied we can never know, but the force capable of thus stopping and dislodging from the track the car, of itself heavy and increased in weight, as it was, by the avoirdupois of six heavy men, must have been an immense one—an abundantly sufficient one to have produced all of the injuries revealed by the dissection.

In regard to the fracture, it seems difficult to understand how such a fracture could be occasioned, and in fact, almost, to believe that such a fracture could exist. It seems to us that it can only be explained by believing that the limb was so rotated outward by the dislocating force, that the trochanter was brought into the acetabulum, and that then the force directly upward was of such tremendous power as to have produced both of the fractures described, and possibly also the rupture of muscles and loosening of periosteum alluded to were caused at the same instant.

Crepitus was very rarely and indistinctly heard during life, but was thought to be detected on three separate occasions.

Remarkable Case of Homicidal Mania.

The Geneva journals announce a trial which is destined to create a great sensation in Switzerland The accused, a nurse, named Jeanneret, is charged with poisoning not fewer than nine different persons, whom she had within the space of six months been engaged to attend. The substances used were belladonna and atropine, its active principle; and to obtain them she simulated a partial blindness, for which they are employed as a remedy. The woman appears to have had a monomania of crime, as she neither robbed her victims, nor derived any benefit from their death; she is even said to have nursed them with great tenderness. She was at length detected by a French painter named B——, whose wife she had attended. Madame B——, after showing symptons of poisoning, recovered, when the accused, finding that she was suspected absconded. She was, however, subsequently traced and arrested so unexpectedly that she had no time to conceal the poisons she had in her possession, and all of which are in the hands of justice.

Medical Societies.

SAN FRANCISCO MEDICAL SOCIETY.

Aneurism in California.

In the meeting of the San Francisco Medical Society, on September 8th, 1868, the following discussion on Aneurism took place, reported in the *Pacific Med. and Surg. Journal*:

Dr. J. F. Morse read an interesting paper upon a case of aneurism, after which Dr. A. G Soule commenced the discussion of the causes of the frequency of aneurism in California by presenting a variety of statistics, as follows:

Since the establishment of the Health office in San Francisco, up to the present time, September 8th, 1868, a period of thirty-four months, there has been reported 119 deaths from aneurism, or a yearly average of forty-two. The average population of the city for that time being about 126,000, there would be one death from aneurism for each 3000 inhabitants.

For a period of nine years, from 1856 to 1864 inclusive, there were in New York city 243 deaths from aneurism, an annual rate of twenty-seven. Under the supposition that the average population of New York for the nine years was 720,000, there was one death from aneurism to every 27,000 inhabitants. These are the statistics for comparison which I have obtained. I regret that I have none of European cities, but hope that if any member has access to such, he will present them.

Having found the relative frequency of death from aneurism in San Francisco nine times greater than in New York city, our next inquiry is in relation to the cause of this great preponderance.

In the following list of occupations, the majority of the scattering cases followed various employments, the most recent being usually given. 'Longshoremen, 10; sailors, 8; laborers, 5; soldiers, 4; engineers, 3; miners, house painters, teamsters, hostlers, cooks, each, 2; baker, carpenter, cooper, drayman, fisherman farmer, gardener, marketman, hatter, housewife, each, 1 —the latter being the only woman of the entire number of cases.

From these records we may obtain a good idea of the class of men affected with aneurism. They have lived a rough, uncertain life, with no settled home or steady vocation; they have been tossed upon the sea of life and wrecked upon the shoals of disappointment. All were necessarily in our young city, remote from their native land. Thirty-five were Europeans, and but ten natives of the United States. Nearly all had "tried the mines," worked hard, lived in a rough, exposed manner, imbibed freely of the ardent, returned disappointed to the city, taken lodgings in the rickety habitations of the city front, and worked by the hour or by the day at heavy, laborious unsteady labor alongshore. Idle the most of the time, they indulged freely in drink, and when at work, stimulants were used to brace them up in their heavy labor. Many complained of rheumatism; many did not; a large proportion had suffered from syphilis; autopsies were made in all the cases, and degeneration of the arterial coats, atheromatous, fatty or calcareous, found.

According to Prof. Flint, it is a question whether aneurisms are ever developed from strains or over-exertion, but some of these cases dated their trouble from a strain or violent exertion, when something seemed to give way. In one case of this kind no disease of the artery was found. Why aneurisms are so much more common here than in New York city, which has a similar population, may depend upon the peculiar stimulus of the country, the desire to grow rich, the irregular bodily exertion, inducing the hardest labor for one hour and idleness the next.

Dr. Gibbons, Jr., presented some statistics, in addition to Dr. Soule's, showing the prevalence of aneurism in San Francisco as compared with other places.

Dr. Gibbons, Sr., after speaking of the extraordinary frrquency of aneurism in San Francisco, and of the difficulty of accounting for such frequency, said there was one circumstance to be considered—that the number of deaths reported from aneurism had largely increased since Dr. Soule took charge of the medical wards of the hospital, a result due to close investigation of cases. It had been his experience that at least half of the deaths from aneurism would have been attributed to other causes, had not autopsies been made. Very careful examination had made aneurisms appear more prevalent here in comparison with other places than is actually the fact. Of late years the proportion of deaths from this cause in England had greatly increased. In 1838–42 there was an annual average of but one death to 131,000 inhabitants—but one death in a population equal to that of San Francisco: now they have a death for each 52,000 people. Aneurisms were almost unknown in the South Western States and the Mississippi valley, while in Ireland they were common. It was a notable fact that so few occurred among women, only one of Dr. Soule's 50 cases being a woman.

Dr. Gibbons believed that Dr. Soule's explanation covered the whole ground. Irregular habits, violent and irregular exertion, excessive indulgence in drink, so common among sailors, 'longshoremen, and others, sufficiently account for the prevalence of the disease among us. He also believed that violent muscular effort or strain might give rise to aneurism.

Dr. Joseph Haine thought that a prominent cause was the peculiar excitement of California life. The same cause operated in Ireland, where aneurisms were prevalent. The Irish were in a continual broil. There was too, a probability that more careful examination for this disease is customary in California. He instanced a case in which it was supposed there was great hypertrophy of the heart. Not being fully satisfied, however, repeated examinations were made, and finally an aneurism detected.

Dr. J. P. Whitney said, in substance: It is generally conceded that the first step in the production of aneurism is a degeneration of the arterial coats—that this is their predisposing cause. There may, however, be a question of the truth of this proposition. It is not improbable that a strain may injure the artery, and this injury be the starting point of atheroma. It is a well known fact that Liston died of thoracic aneurism. He was considered the best oarsman in England, and attributed his disease to the violent exercise of rowing. What is more likely than that this may be the cause of aneurism in 'longshoremen, whose laborious occupation must continually exercise a strain upon the arterial system? The elastic coats of the arteries being kept upon the stretch, may lose their elasticity. and atheroma follow. Atheroma, fatty degeneration and calcification probably commence in the same manner. In my opinion, in a vast majority of cases atheroma is the primary lesion, and the other varieties follow according to constitutional tendencies. Our people perspire very little, and it is a proper question to ask, what will be the difference due to this circumstance, in the kind of atheromatous matter thrown out beneath the endangium—whether it will lead to hardening or softening. Will the inaction of the skin account for the peculiar nature of our aneurisms, which rarely present evidences of calcification. But three cases of aneurism in which calcification existed have come within my knowledge, and two of these had but just arrived in the country. There are many diseases of whose causes we know nothing, nor would a knowledge of them aid us. There are others whose causes we are acquainted with, and yet they give us no assistance in the treatment. But with aortic aneurisms it is entirely different. Since we cannot cure them, our only hope is to study them attentively, so that we may point out the predisposing and exciting causes which are to be avoided. Our attention has not only been *turned* to the study of the subject, but *forced* to it by the frequency of the disease. I have seen autopsies of four men who had fallen down suddenly and died. There had been no previous suspicion of such disease, yet a ruptured aneurism was found in each instance. All were laborers—three 'longshoremen. This certainly exhibits a frightful condition of affairs.

NEW YORK ACADEMY OF MEDICINE.

Anniversary Meeting.

The anniversary meeting of the New York Academy of Medicine took place on the evening of December 11th, at the College of Physicians and Surgeons, Fourth avenue and Twenty-third street, the President of the Academy, Dr. Alfred Post, presiding. The attendance was small for the occasion. The annual discourse was pronounced by Dr. Austin Flint, Sr., who announced as his subject, "The Science of Medicine considered in its Past, Present, and Future Aspects." The speaker, after remarking that man is the only creature on the earth who is capable of converting the experience of others to his own use, and of providing for the future by the instructions of the past, said that he did not wish for an instant to frighten his audience with the idea that he intended to consider the entire history of medicine from its earliest practice, and including all its collateral arts. On the contrary, he should confine himself to the consideration of the science of medicine proper as distinct from surgery, and should only pass in review a period of time covered by the memory of members of the profession now living. Assuming for his starting point the closing of the first quarter of the present century, the speaker proceeded to consider the discoveries which had been made, and the changes in practice which had been adopted since that time, illustrated by numerous examples is physiology, pathology, diagnosis, and therapeutics, up to the present time, and then proceeded to consider what further changes might occur in a corresponding period in the future. The lecture was listened to with much attention, and at its close the speaker was complimented with a round of applause and a vote of thanks, for the able and interesting paper, a copy of which was requested for the archives of the Association.

Editorial Department.

Periscope.

Transfusion.

Dr. Mader reports a case of transfusio sanguinis in the *Wiener Med. Wochenscrift*, No. 59, 1868. He had previously injected a solution of tartar emetic in a case of pneumonia without producing emesis; the patient being no longer able to swallow, and has frequently thrown in weak solutions of chloride of sodium, and carbonate of soda dissolved in distilled water for cases of cholera. The management was the same as in the transfusion with blood. For the latter he used a glass syringe armed with a "needle canula." A superficial vein was turgesced by pressure, the canula pushed in, and the syringe emptied. Sometimes, however, the canula did not get into the vein, and the liquid produced a tumefaction under the skin which rendered the spot useless for the operation at that time. He prefers this method to laying a vein bare, which latter is often followed by phlebitis, and the entrance of pus into the vein from the suppuratting wound. No subcutaneous puncture of a vein has yet had such consequences, and the operation appears less formidable to our patient. He used, in accordance with the opinions of all later authors, defibrinated blood, because it produces as much effect as when the fibrin is present, and frees us from the danger of injecting coagula. The blood was defibrinated in a graduated vessel, which stood in a water bath at the temperature of living blood, by means of a common wooden muddlar.

This had the disadvantage of causing too much foam, in consequence of which a considerable quantity of the blood was lost while being strained through linen. On this account a number of glass rods were used the next time, and the fibrin was separated just as well and without the foaming of the blood. The cylinder of the syringe was now warmed, the blood slowly poured in, and the piston set in and all air driven out; he has no fear of very minute bubbles of air which may get into the circulation. The fineness of the canula has the advantage that only a very small and entirely equable stream can take place. To prevent the accident before referred to he now introduced the separated canula, and only after he was certain that it had entered the vein, by the appearance of blood at its proximal orifice, did he attach the syringe, and throw in the blood.

The great trouble in the practice of transfusion is to get a supply of blood. On this account he recommends the trials in hospitals, on hopeless cases, of the old experiments with blood from the lower animals. We must not assume that the statements of Lower and Denis, on the innocuousness of animal blood transfused into human veins, are altogether untrue, especially as later experiments show that blood from one species of animals may be injected with good results into another species. In the preceding case the patient was anæmic, with enlarged spleen, copious epistaxis, and some signs of scorbutus. The diagnosis was not clearly made out, but a general break down of the blood was evident, and threatened speedy dissolution. Blood for transfusion was procured with difficulty, and only two ounces were thrown in the first time. He improved during four days, when an attack of epistaxis again reduced him. The next day six ounces were injected, and he again improved, the improvement beginning, as before, on the day after the operation. In a few days the spleen decreased in size; about a month later he was in a fair way to recover, though he had suffered a few attacks of epitaxis. The other treatment consisted of plugging the nares when his nose bled freely, the administration of the acids usually given for scorbutus, and later the use of iron. A. A. H.

Transfusion for Extreme Anæmia—Good Result.

W. Zaunschirn, surgeon in Allerheiligen, reports a successful case in *Wiener Med. Press*, No. 36, 1868.

Mrs. J. Eder, æt. 43 years; on the 31st of May had her twentieth labor; membranes ruptured, and severe uterine hæmorrhage for three hours previous to the child's birth. Dangerous anaemia. On June 29th, was compelled to omit the use of tonics, by the stomach, on account of a gastric catarrh, which in her feeble state had easily been produced by exposure to cold. Having given up all hope of saving the patient in which other physicians agreed with him, he concluded to make a last effort with transfusion. On July 12th made transfusion, as recommended by Diefenrach and Billroth, with defibrinated blood. Got 4 ounces, by measure, from her son, a strong man of 22 years, and in three injections introduced 2½ ounces. Notwithstanding the small amount used the result was astonishing. The symptons usually spoken of by authors as immediately following this operation: contraction of pupils, increased temperature of skin, etc., did *not* appear, but the general beneficial effect did

not permit him to await it long. Even in a few hours she said that she felt "much better;" dryness of throat ceased, as also buzzing in the ears. Moderate appetite returned, and she was no longer troubled by cardialgia and emesis after eating; diarrhœa improved without further treatment, sensorium cleared up, and depression of spirits was supplanted by newly awakened hope. On the 30th of July she was able to leave her room alone, and all junctions were in a proper state of activity.

Reviews and Book Notices.

NOTES ON BOOKS.

Among the most enterprising of our literary exchanges is the *Galaxy*, published by Sheldon & Co., New York. Its prospectus for 1869, is very rich and varied. At a heavy outlay it has secured the pens of Charles Reade, Mrs. Annie Edwards, and other popular British writers. Among the leading features for 1869 are the New Serials by Charles Reade and Mrs. Edwards; Richard Grant White's, Dr. Hammond's, and Eugene Benson's Articles; and the Series of Critical Articles on Living American Authors.

We have received from A. Winch, 505 Chestnut st., Philadelphia, a copy of the "*Old Franklin Almanac*" for 1869—an annual of very great worth and importance in the family. Its table of contents is varied, and comprises almost everything one will desire to know in connection with our domestic institutions and history, also much information in regard to the governments of the world. Price, 20 cts.

We have frequently commended to our readers the *American Agriculturist*, published monthly by Orange Judd, New York. If we did so every week it would not be oftener than it deserves. It is the greatest enemy we know of, of all sorts of quackery, pretension and humbug—and a capital paper for the farmer, large or small, for gardeners, and for the household. If any of our readers want a perfect illustration of progressive development, let him send the publisher 15 cts. for a copy of the November number, and he will find it on page 419. It out Darwin's Darwin! The money will be well invested, and the number will serve as a specimen.

Among the best of our exchanges as a Family Newspaper, is "The Methodist," published at 114 Nassau street, New York. It is an able, independent religious paper, devoted chiefly to the interests of the denomination whose name it bears. It commands the best writers of the denomination, and is one of the ablest religious papers published. $2.50 a year.

Turnbull & Burdock, of Baltimore, send us the first number of volume four of the *New Eclectic Magazine*. It presents a varied and interesting table of contents, comprising valuable selections, made with excellent taste, from Foreign and American magazines and papers. It is issued in very becoming style and dress. $4 per annum. We will furnish it and the Reporter for $8.00.

A Rational Treatise on the Trunkal Muscles, elucidating the Mechanical Cause of Chronic, Spinal, Pelvic, Abdominal, and Thoracic Affections; and of the Bronchial and other derangements incident to the Clerical, Legal, and Musical Professions; with the rationale of their Cure by Mechanical Support. By E. P. Banning, M. D. New York: Townsend & Adams. 1868. 1 vol., 8vo., pp. 352.

The readers of the Reporter need no introduction to Dr. Banning. They have heard him *bongré malgré*, speak through our pages repeatedly. They are acquainted with his views about the effects of muscular laxity; the nature of uterine displacements, and their results; the action of the trunkal muscles; and the divers balances, props, elevators, and braces, which he has devised to meet and counteract these various obliquities of nature.

Yet many of them will be glad to see these scattered articles collected with notable additions in one handsome volume, elegantly printed and illustrated, with the author himself—that is, his counterfeit presentment—looking at us opposite the title page. We may well judge so, since the author tells us in his preface, that he has received over *twelve hundred letters* from America and Europe, about his articles in this journal—a fact that speaks loudly, both of the interest excited by his communications, and the immense circulation of the Reporter among medical men. We may pardonably doubt if any other medical journal in the world would have circulated his views thus extensively among practitioners wide awake to the interests of their patients, and ready to seize on any sound and rational mode of relieving their sufferings.

For there is no doubt about the efficacy of these supports. Our own extensive correspondence proves it sufficiently. Not that they are unfailing. Nothing is so in the therapeutic world. This Dr. B. frankly and manfully confesses, and we should suspect him if he did not. He grants, (p. 148), that about one-fifth of the

whole treated by mechanical support alone do not find entire relief. But the remedy which cures four patients out of five, is a welcome boon to the therapeutic arsenal as it now is.

His plan is now fairly before the profession, to stand or to fall, not by what he or we or others say for or against it, but by what experience and time will demonstrate. In their hands it now remains.

An Inquiry into the Influence of Anthracite Fires upon Health; with remarks upon Artificial Moisture, and the best modes of Warming Houses. By George Derby, M. D. Second edition, enlarged. Boston: A. Williams & Co. 1868. 1 vol., 12mo., cloth, pp. 76. *Price*, 50 cents.

The subject of this little volume has at various times been urged upon our readers as one of great importance, and all whose attention has been aroused will welcome Dr. Derby's book as timely, and well predared. He brings the different kinds of heaters in the market to the tests of both theory and experiment, and draws some practical deductions of the greatest importance to public hygine. It deserves to be widely read, and carefully pondered.

Popular Encyclopedia and Universal Dictionary. Edited by L. Colange. Philadelphia: T. E. Zell. No. 1. A to Abro.

The advertisement on the cover informs us that "as a *Medical Dictionary*, this work will be complete, describing each disease minutely," and it was the medical portion of it to which we naturally turned. If this specimen is a fair sample of the work, it will serve exceedingly little to advance medical knowledge. There are only a few medical terms defined, and nearly every one of them is more or less incorrect. *Abrasion* is defined "an *ulceration* of the skin;" *Aberration* "a partial alienation of mind," (the word alone has no such meaning;)" *Abracadabra*, the charm of Sammonicus against intermittent fever, is not only wrongly displayed, one letter only being retrenched from each line, instead of two, but is said to be the name of a Syrian god, when all good authorities explain it as the mystical principle of Basilides; the definition of *Abdomen* is obscure, and in part contradictory; and of the Arabian physicians whose names should have appeared in this fasciculus, Abd el Letif, Abd el Rahman, Abenguefit, and others, not one is mentioned.

These defects throw doubts on the general accuracy of a work which, with more care, would be a useful production—doubts which are not dispelled by an examination of other articles. Take, for instance, that on Abelard. It is full of small errors. He was not born at *Palais*, but at *le Pallet;* he was not 40, but 39 years of age when he met Heloise, and at the time was certainly not "satiated with fame," as any reader of his life can see. No mention is made of his marriage with Heloise, which lends an entirely different interpretation to his subsequent actions, and is a serious omission; his oratory, the Paraclete, is said to have been at "Nogent," and as there are six Nogents in France, it would have been better to say Nogent-sur-Seine; of the writers on his life, the best and most recent, M. de Remusat, is not mentioned.

We have marked a number of other errors, such as *aa*, said to be *Teutonic* (what is that?) for *flowing water*, when it is Celtic; the separation of Ababde and Ababdeh as tribes, when they are mere variations of the same name; *Abiponians* given instead of Abipones; and a large number of omissions.

It is to be hoped that the publisher or editor will see that future numbers are not so defective in all these points, which, though small individually, make up the difference between a worse than useless and a really useful standard of popular reference.

Hospitals; British, French, and American. To which is appended a Glance at the British Islands, France, and America, Ethnological, Climatic, and General. By Edwin R. Maxson, M. D., Author of Practice of Medicine, etc. Philadelphia: Published for the Author. 1868. 1 vol., 12mo., pp. 122.

Dr. Maxson, whose name as an author is favorably known from his work on Practice, has here summed up the observations of a medical tour through Great Britain and France. It contains a large number of interesting facts, and will be found a useful guide to medical gentlemen visiting those countries.

Report of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane, at the Twenty-second Annual Meeting. 1868. Published by the Association. Harrisburg: 1868. 1 vol., 8vo., paper pp. 207.

The discussions here reported are full of interest for the general profession, all of whom have at times to deal with insanity, as well as for the alienist. They have regard to the treatment and condition of the insane, projects of ameliorating their condition by similar laws enacted in all the States, and for defining more clearly the position of physicians in cases of suspected aberration of mind.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 19, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

REPORT OF SURGEON-GENERAL, U. S. A.

This valuable document has reached us, and is, as usual, replete with interesting statistical information of the army during the last fiscal year (July 1, 1867, to July 30, 1868.) During this time the average mean strength of the army was 45,257 white, and 4,774 colored troops.

For the *white troops*, the total number of cases of all kinds reported under treatment was one hundred and thirty one thousand five hundred and eighty-one (131,581), or two thousand nine hundred and eight (2908) per thousand of strength—nearly three on the sick report during the year for each man. The deaths were thirty per thousand of strength, from both accident and disease.

For the *colored troops*, the whole number of cases of all kinds treated was fourteen thousand six hundred and sixteen (14,616); being at the rate of three thousand and sixty-one (3061) per thousand of strength, or three cases of sickness for each man.

The mortality among them was greater than among the white troops, reaching as high as 56 per thousand of strength. Omitting cholera and yellow fever cases from both colors, the white troops return thirteen deaths per thousand from disease, and the colored twenty-seven per thousand.

The medical museum at Washington is mentioned as increasing rapidly. A large number of specimens have been added to all its departments during the last year, and we can state from our own observation, during a late visit, that it is, already, the most interesting and instructive collection of its kind in the world. We concede superiority to none whatever. Under the efficient management of Dr. Geo. A. Otis, U. S. A, in the surgical, and Dr. J. J. Woodward, U. S. A., in the medical department it is rapidly assuming proportions, and acquiring a wide scientific value that will render Washington the Mecca of military surgeons the world over.

Within the last year an anatomical and ethnological section has been added which will have the greatest interest for anthropologists. Especially the red race of America, in many respects the most interesting of all the races, has been recommended to army medical officers located in the west, as peculiarly worthy their attention. A large number of typical crania of the aborigines, some of remarkable form and in excellent preservation, from the mounds has been added, and also a collection of 187 specimens, ancient and modern, of Indian weapons and utensils. We may be permitted to state here that a large proportion of these relics are due to the intelligent endeavors of Dr. A. I. Comfort, U. S. A., at present stationed among the Dakotas.

The Surgeon-General has also recommended in a recent circular that surgeons in our western armies should inquire carefully into the therapeutic means employed by the natives, a recommendation which none will consider superfluous, when they remember that such valuable drugs as cinchona, ipecacuanha, guaicum, and many others, were first brought to our notice by the natives.

The medical and surgical history of the war is in a forward state of preparation. To illustrate the injuries of the head and trunk for future publication, there has been completed during the year, eight chromo-lithographs, eight lithographs and three diagrams. There has also been prepared during the year one hundred and twenty-two wood-cuts, to be intercalated in the text descriptive of the various classes of injuries and operations. Five hundred pages of manuscript are in readiness for the printer, and a large amount of the statistical material is in such state of

forwardness that it can be made ready for the press at a few weeks' notice.

The Report as a whole gives us every reason to congratulate the nation on having such an efficient officer at the head of this bureau of the War Department, and that officer on having such zealous and intelligent subordinates to carry out his plans.

Notes and Comments.

Banning's Braces, etc.

We are glad that Dr. E. P. Banning, of New York, has yielded to the advice and wishes of many of the members of the profession, and materially reduced the price of his Braces, and other apparatus, for weakness, deformity, etc. This apparatus has always seemed to us commendable for its lightness, simplicity, and as being founded on sound philosophical and physiological principles. Many of our readers have made use of it, and are able to speak of its merits or demerits in their hands. At the reduced price, we doubt not that the demand for the instruments will be greatly increased, and its benefits to the afflicted thus extended.

The Detroit Medical School.

The State authorities, by their course toward the Medical Department of the University of Michigan, are keeping that university in such a constant turmoil and excitement, that some of the profession are disgusted with it, and it looks as if the regular profession might yet withdraw from all connection with it. They certainly will, if the policy is pursued of forcing irregular practitioners into positions in the institution.

This unsettled and uneasy feeling, in connection with the medical teaching in that State, has probably led to the organization of the Detroit School of Medicine, announced in our columns. It has announced a very able faculty, and we have no doubt will do its full share of the medical teaching of that section of the country.

Of Doubtful Propriety.

A correspondent calls our attention to the pamphlet advertisement of Clark's patented "Nekrosozoic or Embalming Fluid," which contains letters in the nature of certificates from several distinguished medical men of New York. Except on the ground that they were not aware of what use would be made of their names, it is difficult to see how this is reconcileable with the Code of Ethics. This is particularly the case, as one of them confesses, that the process is a secret one, and unknown even to himself.

Strangury from Santonin.

A medical friend states that he has in two instances observed strangury from moderate doses of santonine,—6 grains in two days. In one case the child was five, in the other three and a half years of age. He inquires whether other practitioners have noted the same toxic symptoms. We believe it was not one of those mentioned by Rose, of Berlin, in his experiments with this drug.

Dr. Meigs' Introductory Address.

We beg readers to take note, that the first edition of the above address is *exhausted*. If we receive orders enough, a *second edition* will be published in January.

Medical Officers.

In Vienna a commission on military sanitary reform has had quite a lengthy session. We wish our Austrian brethren all success.

It is pleasant to observe that the profession is pretty generally awakening to the necessity of combination for self-defence. In Prussia we find numerously signed petitions against forced medical attendance, in America black lists of non-paying families; and ere long we hope to hear that our friends in the army and navy have succeeded in having legally swept away the old feudal prejudices in favor of the "fighting material." It is time for the republic to show a spirit of liberality toward *the noblest* of professions, when Austria is about to recognize its deservedly eminent position, in her military establishment.

Hybridity.

The principle is laid down by many scientific men, that crosses between distinct species prove inferior, and either are infertile, as in the familiar case of the mule, or degenerate and disappear in a limited number of generations; while, in the case of mere varieties, the crossing produces a progeny vitally superior to either progenitor. It will be readily seen what would be the bearing of such a law on the question of the unity of the human race. If the races of men are separate species, mongrel races ought to degenerate; while they ought to be hardy and potent if of a single species. Agassiz, in his "Journey in Brazil," strongly asserts that the numerous mongrel races between Spaniards, negroes, and Indians, are

far inferior in intelligence and moral qualities to the pure races. The same is asserted by Darwin, who quotes Humboldt to the same effect. Dr. Livingstone quotes a common saying in Africa, that "God made white men and negroes, but the devil made half-castes."

Testing Water for Organic Impurities.

Half fill a common water-bottle, cover its mouth with the hand, violently shake for a minute, and quickly apply to the nose. If nothing unpleasant is detected, tightly cork the bottle, set it in a warm place about the temperature of one's body for a couple or three days, and repeat the shaking, etc. Water of very bad quality may thus be recognized without the trouble and expense of analysis.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

FOREIGN.

Paris, 1868.

Subperiosteal Resection.

Editors Med. and Surg. Reporter:

Before the Medical Society of Lyons, M. Ollier recently presented four patients upon whom had been practised subperiosteal resection of the elbow-joint. The first was a young girl, 13 years old, and the operation dated from ninety days. Resection had been made of all the inferior epiphysis of the humerus, to the extent of thirty millimetres, and of the superior extremities of the cubitus and radius. There had been reproduction of bone and complete cicatrization; the movements of flexion were entirely reëstablished, with the power of semi-extension and semi-supination.

The second operation dated from fifteen months; resection of four centimetres of the humerus; reproduction of the bone; the patient had been able to resume her duties as cook, and in spite of the occurrence of two attacks of arthritis, she could now execute extended movements of extension and supination.

A third patient, 24 years old, some months after resection of the articulation, presents complete cicatrization, perfect reproduction of the bones, and movements of flexion and extension, pronation and supination, nearly as extended as in the normal conditions.

The fourth had only just laid aside the plaster bandage, and the muscles were weak from inaction; nevertheless, it was evident that the bone had been reproduced, and movements could be executed to about the third of the normal extent.

In these cases M. Ollier succeeded in preserving the mobility of the articulation. But he recommends the method in cases where a solid anchylosis is the most desirable result which can be hoped for, and, in this connection, urges the revival of an operation at present greatly neglected in France, a resection of the tibio-tarsal articulation. Multiple fractures of the inferior extremity of the tibia, with opening of the articulation, are generally regarded here as cases imperatively demanding amputation, on account of the multiplicity of accidents to which the patient is exposed during the suppuration of the wound, and the uncertainty of the result in regard to the subsequent capacity of the limb for function.

However, M. Ollier has recently been successful in two cases where he practised resection the day following the accident, and, consequently, in advance of the establishment of inflammatory phenomena. In the first case twelve centimetres of the inferior extremity of the tibia were removed. The astragalus and the fibula (which was broken in three fragments) were left untouched. The fragments of the fibula were, however, ridden over each other, for the purpose of diminishing the length of the limb, and approaching the astragalus to the surface of section of the tibia. It was impossible to expect complete osseous regeneration, for the patient was fifty years old, and the periosteum, already deprived of its osteogenic properties, had not had time, since the accident, to become irritated for proliferation. However, a column of new bone tissue, four centimetres in length, began to grow from the upper fragment, and was continued by a fibrous tissue to a new piece of bone developed at the malleolus. In spite of the incompleteness of the regeneration, the foot was able to rest squarely on the plantar surface, and support the weight of the body as in a normal condition. The patient, in six months, was able to walk about all day long.

In the second case the resection was performed in both the tibia and fibula, and the malleoli were removed. The limb was diminished in length six centimetres, but became solidly united to the foot, so as to be of much more service

than a stump remaining after amputation. The patient has been able to execute slight movements of flexion and extension.

In these operations, M. Ollier preceded the resections by carefully detaching the periosteum with his instrument, specially adapted to the purpose. On account of the age of the patients, it could not be expected that this membrane would regenerate osseous tissue to repair the loss of substance of the limb; but it was able to regenerate fibrous and osseous masses, which, accumulating around the articulation, rendered it solid, and prevented lateral mobility. This solidity was also insured by the employment of an immovable plaster bandage during all the period of periosteal generation.

It is noticeable that the experiments and clinical facts of Ollier by no means sustain the old theory which regards the periosteum itself as the generator of bone by a process of secretion. In all cases a subperiosteal layer of medullary cells is preserved with the membrane itself, and the osseous tissue developed at their expense, as in the normal process of evolution. If this layer be not preserved, no bone is reproduced.

Perhaps the neglect of this circumstance is one of the reasons for the failure in the following case, where the operation was practised by M. Dittmar, in the province.

A baker, 49 years old, had by a fall fractured both the tibia and fibula, the former at the union of its lower and middle third, the latter in its upper portion. The fragments were extremely oblique and largely displaced; the upper projected under the skin, forward and inward; the lower, was directed upward and outward, and the reduction was difficult. From the day of the accident, the swelling was considerable; and soon a phlegmonous inflammation invaded the limb, and occasioned gangrene of the integuments, thus laying bare the superior fragment of the bone to the extent of three centimetres. As there appeared no tendency toward consolidation, a sub-periosteal resection was decided upon the 22d day after the accident.

A longitudinal incision of five centimetres was made on the internal face of the leg, and the soft parts and periosteum being detached carefully from the upper fragments of bone, were turned back like a cuff. The denuded portion of the tibia, 17 centimetres long, was then removed by a chain saw; the inferior fragment of the same size, was treated in the same manner, by enucleation of its periosteum, and resection. There was no hæmorrhage, and only a slight oozing of blood from the spongy tissue and the medullary canal. The wound was dressed with lint, and the limb placed in a wire gutter, lined with cotton wool.

The work of reparation was extremely rapid, and consolidation commenced the thirtieth day, and by the thirty-sixth, all the space between the fragments seemed to be filled up. By the sixty-sixth day, the arm was complete, and the limb possessed its normal rectitude, *but it remained shortened four centimetres, that is, just the length of the fragments of bone removed.*

The author of this observation considers that this result constitutes a strong case against M. Ollier. But it is easy to see that there is no opposition between the part, and thus quoted above from the practice of the latter surgeon. He never pretends that at the age of forty-nine, the periosteum can manufacture new bone sufficient to supply a loss of substance occasioned by a resertroid and his cases, like that of M. Dittmar, presented a notable shortening of the limb. But he claims that enough new tissue is formed, however irregularly, to accumulate around the resected surfaces, and insure the solidity of the limb, which is precisely what happened after Dittmar's operation, although he pretends that the preservation of the periosteum had not been of the slightest utility.

At the Imperial Society of Surgery, M. Ollier has recently communicated the favorable results of the employment of Malgaigne's metallic point, to prevent displacements in cases of fractured bones. He has modified the original idea of Malgaigne, and constructed the following apparatus. It is essentially composed of two vertical stems, united by a horizontal one, along which runs the metallic cord that is to press against the displaced surfaces. This can be inclined in all directions. The vertical stems themselves, which are solidly fixed to some species of gutter, can also be more or less inclined to its axis.

As an example of the inocuousness and efficacy of this forcible pressure, M. Ollier with a case of fracture of the middle portion of the femur, which, after three months treatment, presented no sign of consolidation. The two fragments were perfectly mobile upon each other, and could only be brought together by strong pressure on the upper fragment, which projected outward. The vastus externus muscle was not, however, perforated, but simply lacerated by the fragment of bone.

To treat this case, the surgeon first applied to the limb a solid starched bandage, containing

two layers of strong paste-board. An opening was then made in the casing, at the level of the fracture, the sharpened metallic rod driven into the upper fragment of bone, and by strong pressure, this fragment was solidly fixed against the lower piece.

The point remained in place a month; there was no appreciable inflammation, and when the apparatus was removed, the two fragments were found to be firmly united to each other.

Lefort and Chassaignace confirmed the views of M. Ollier in relation to the utilily of this mode of treatment of ancient and indolent fractures. M. A.

DOMESTIC.

An Unusual Obstetrical Case. Cæsarean Section.

Editors Med. and Surg. Reporter:

Nov. 9th, 1868. Was called in consultation, in Clifton, near this place, with Dr. J. C. Brown, who gave the following history of Mrs. J. She had her last menstrual show about the last of May, 1867. The abdominal tumor enlarged regularly until March, 1868. In December, and again in January, she had considerable hemorrhage, but no pain or dilatation of os uteri whatever. She enjoyed pretty good health until last September, when she had an attack of enteric fever which lasted three weeks. She recovered from her fever, and got up and about. A few days after, she had one labor pain and a large discharge of fetid water per rectum, followed shortly by one foot of the fœtus. At this juncture I was called in consultation. She had no pain of any kind. We endeavored for five days to get up an action of the uterus with gum bougie, sponge, and the exhibition of ergot, all of which was useless. The neck of the uterus was small, and felt cartilaginous. The fistulous opening from uterus into the rectum, was four inches at least above the sphincter ani. In the mean time, the woman became hectic, poisoned with the gases of the decaying fœtus and secundines. In that situation death was inevitable, and the only hope was in an operation that would remove the cause of irritation and contamination of the system.

Accordingly, on Saturday, Nov. 14th, I performed the Cæsarean section, Dr. Brown giving the ether, and with some difficulty removed a fœtus of about eight months' development. The placenta had been dissolved and oozed away through the rectum. The fœtus presented one foot to neck of the uterus, and the other emerged at the anus, and was considerably adherent to the uterus in front. The incision, which was in the linea alba, and about six inches in length, was closed with interrupted sutures and plaster strips. Very little hæmorrhage. The woman rallied well from the operation, and gradually improved until noon of the following Friday, when she suddenly grew worse, and on Saturday morning she died.

We have no doubt, that if there had been an outlet for fluids per vaginam, she would have recovered. But as the uterus naturally contracted, the uterine portion of the fistulous opening settled below that of the rectum, so that the effused fluids found their way into the abdominal cavity with fatal effect. There was no autopsy.

B. G. Neal, M.D.

Columbus City, Iowa, Dec. 7, 1868.

Syphilitic Phimosis.

Editors Medical and Surgical Reporter:

In Vol. XIX., No. 6, of your valuable journal, I find an excellent method for dilating the prepuce in order to get at a chancre. I would state, however, that in the treatment of several cases of the kind, I did not find this necessary, and cured both local and general disease by the following course:

With a small glass penis syringe I injected under the prepuce, and as near the channel as possible, once daily, a solution of argenti nitras, gr. xl. ad f.℥j., taking care that the nozzle did not enter the urethra. At the same time I put the patient on a *mild* course of mercury in the usual way. The local treatment was never required longer than eight or ten days.

In my first case, the prepuce could not be retracted after about ten days' treatment, and, although no more pus came from under it, I feared mischief might be going on out of sight. I therefore slit up the prepuce on a director, having nitric acid ready to apply to the cut surfaces and chancres, but was agreeably surprised to find the chancres completely healed.

The constitutional treatment is continued for some weeks longer; in fact, I make it a rule to keep up a gentle course of mercury for at least a month in *every* case of syphilis where the chancre is of more than trifling size, and even then, if of a week's duration; Ricord, I believe, allows five days for absorption of the poison into the system. Of course, where mercury is contra-indicated by some other cause, potassii iodidum is used, and for a longer period. For over three years I have pursued this plan, and have had very little trouble from constitutional symptoms.

A. A. Hoehling, M. D.,
Philad., Pa. Surgeon U. S. Navy.

Dislocation of the Patella, Vertically, or upon its Long Axis.

Editors Medical and Surgical Reporter:

The following case of dislocation of the patella is reported on account of its singularity, and the peculiar manner of its reduction, as well as for the general importance of such cases, of which few are recorded.

Prof. Gross calls it a "singular accident, the very possibility of which was denied by nearly all surgeons until a recent period."

Prof. Hamilton in his work on fractures and dislocations, however, states that fifteen examples are recorded.

J. S., aged 19 years, a strong muscular man, on the morning of the 10th of April, was riding a colt which ran against the fence with him, while the limb was in a semi-flexed position. He received a direct blow upon the knee, causing the dislocation. I was at once summoned, and saw him about half an hour after the accident Found the limb perfectly straight, could be flexed, but not without causing severe pain.

The patella was nearly at a right angle to its natural position. The anterior surface of the patella was turned inwards, its posterior surface outwards, presenting its outer edge in a prominent hard ridge, somewhat obliquely to the outer side of the middle of the knee joint, causing intense suffering.

I at once resorted to the ordinary methods for reducing lateral dislocations of the patella, but without success. The patella remained wedged in its new position, the sub-condyloid fossa of the femur, so firmly that it seemed to defy the power of human hands to replace it. Finding my attempts at reduction unsuccessful, and causing severe pain to the patient, I sent a messenger for some ether, and requested the assistance of my friend, Dr. Wm. B. Erdman.

When, after his arrival, the patient had been fully brought under the influence of the anæsthetic, we flexed the thigh strongly upon the pelvis, and successively extended and flexed the leg upon the thigh, at the same time pressing powerfully against the lower edge of the patella from without, with the head of a door-key well wrapped, while an assistant pressed firmly with both thumbs against its upper edge, toward the external condyle, but without success. Hamilton states several cases in which this method seems to have been successful.

He then resorted to extreme flexion of the thigh on the pelvis, with a sudden and forcible flexion of the leg upon the thigh, when the bone sprung into its natural position with an audible snap, not a particle of force being applied to the patella at the time.

Both Dr. Erdman and myself, therefore, are of the opinion that the most essential process of a successful reduction of the dislocation are:

1st. To produce perfect relaxation by an anæsthetic. 2d. To flex the thigh strongly on the pelvis. 3d. To flex the leg suddenly and forcibly on the thigh, which of itself, without any pressure, will throw the patella out of the sub-condyloid fossa into the natural position.

The patient was advised to remain perfectly quiet for a few weeks, but he would not allow himself to be put under restraint, and in a week from the time of the accident, was engaged in his usual vocation,—a hired laborer on a farm. He has been pursuing his labors uninterruptedly up to this time, November 2d, 1868, without any pain or inconvenience.

Samuel R. Rittenhouse, M. D.
Reading, Bucks co , Pa.

Incised Wound of Knee-Joint: Recovery.

Editors Med. and Surg. Reporter:

E. C., a young man, aged about 23, in vigorous health and possessing a splendid constitution, was cutting hoop-holes, when the corner of the hatchet entered his right knee, just grazing the inner side of the patella. This happened December 24th, 1867.

27th. Was called on to visit him. Found him in a chill, complaining of extreme pain in the knee, which was dressed with a poultice. He stated that he had been doing well for the first day or two, but that being obliged to lie in an open shanty and help himself, and being in the way of other workingmen, an effort was made to convey him to more comfortable quarters, on the 26th, that in crossing a lake about three miles wide in an open boat, he was taken with a chill and had not been warm since. Found the wound pouting, looking very angry, knee much swollen.

It being impossible to treat him where he then was, I prescribed opium *pro re nata*, a saline cathartic, and to continue poultice.

28th. Arrived in town, considerably jaded; certainly no worse either locally or constitutionally. Continued treatment, it being now too late to change. Endeavored to impress forcibly on patient's mind the necessity of absolute rest of whole body, and especially of knee. Did not bind a splint underneath, because it would irritate, and he seemed intelligent enough to be trustworthy. Kept him well under the influence of opiates, his bowels soluble with salts,

and poultices continually hot, to knee. Did extremely well for about a week, and I was felicitating myself that I would have him off my hands in a few weeks, when I was greatly surprised one morning on paying my usual visit to find him very much worse in every respect. I at once accused him of having flexed the knee; this he strenuously denied, and that he had removed his covering, and fairly lied me out of it, and made me believe his lies. After his recovery he confessed to me that he had bent his knee three or four times the evening before he was taken worse in order to rest it, and for fear it would get stiff! Increased opiates so much that the druggist said I must be feeding him on opium, (I give the case mostly from memory and cannot tell how much he did take, but it was sufficient to keep him continually narcotized, and enabled to bear the pain.) ℞. pulv. doveri gr. v., calomel, gr. ii., every two hours, and continually nauseated with tart. ant. Other treatment about as before. I now dêferred an operation from morning to noon, from noon to night, and from night to morning.

My desire was to enlarge the wound, and syringe the joint freely with tepid water, but could find no authority to do so in the works on surgery at my command, and no surgeon with whom I conferred would countenance such a proceeding, but all said, amputate.

After about three or four days, he certainly ceased growing worse, and after about a week more, began slowly to amend.

I find by reference to my note book that he was discharged February 22d, 1868, with almost perfect use of knee-joint. Examining him about a month later, I found the motion of the knee in no wise impaired except from a little weakness, and perhaps some slight thickening of the tissues.

Reflections. There is no reasoning against success; but if I were to have just such another case, I would slightly enlarge the wound, so as to give a free exit to the pus, and altered synovial fluid, and would assist the removal by injections of tepid water, perhaps medicated with morphine, for I do not believe that it is necessarily the air which so greatly injures an articulation, but it is confined air, and confined pus.

G. P. Bissell, M. D.

McMinnville, Oregon.

—— Dr. Moore, late Surgeon-General of the Confederate Army, has been elected Superintendent of the Eastern Lunatic Asylum of Richmond.

News and Miscellany.

Health of Students in France.

A report drawn up by Dr. Vernois, who had been directed by the Minister of Public Instruction to inquire into the state of health of the pupils in the various colleges in France, states that in those establishments the deaths are six to every 18,000 students, which is equivalent to one in 3,000, while, according to the official census, the average mortality of children between ten and fifteen years is somewhat over five per 1,000. This is a proof that the arrangements of the educational establishments are excellent in a sanitary point of view.

Patent Medicines in England.

Stamp duty was paid in the year ending March, 1868, on no less than 8,060,754 packets, boxes, etc., of medicines, selling at 1s., or more. The tax produced £62,556.

Flexible Sulphur.

By adding to pure sulphur a four-hundredth part of chlorine or iodine it becomes very soft, so that it may be spread in thin leaves as flexible as leaves of wax.

Vaginal Irritation.

Dr. Ludwig Fürst has used glycerine in three cases of vaginal irritation, with benefit.—(*Berliner Klin. Wochenschrift*, No. 30, 1868.)

Carbolic Acid.

It is stated by the colonial surgeon of Sierra Leone, that he finds carbolic acid superior to any other application for treating the foul ulcers connected with cases of leprosy. Some cases, absolutely unapproachable from the stench, have, after one or two dressings, become free from offensive odors. He also recommends a weak solution for sponging the skin, as an effectual safeguard against that insupportable pest of tropical climates, the sleepless, ever-voracious mosquito.

—— The new French silver is apparently an improvement on the old-fashioned German silver, and it is stated to be applicable to all the purposes to which ordinary commercial silver is applicable. It is composed of copper 56 per cent., nickel 40.64, tungsten 2.80, aluminum 0.56. It is a white, ductile, malleable, tenacious, sonorous alloy: its specific gravity is nine-tenths that of silver, its metallic lustre superior to that of silver, and its fusibility less, probably on account of the tungsten it contains.

—— "In this wreck of the powers," says Seguin, "one human, irresistible impulse remains: low as we find the idiot—far lower than the brute in regard to activity and intelligence—he has, like all the rest of the human race, *what no other animal possesses*, his hobby, his charm, his amulet, the external object toward which his human centrifugal power gravitates; and this, be it a broken piece of china, a thread, a rag, an unseizable ray of the sun, he will spend his life in admiring, kissing, catching, polishing or sucking as the case may be. Take away that amulet, the occupation of his life is gone."

—— *A Family Man* in New York city—very much of one, we should say—has recently been favored with triplets, all feminine, and he has named them Faith, Hope, and Charity. It is a great thing—even though in small packages—to have the leading Christian graces under one roof.

—— A cow in Troy yields fourteen and a half pounds of butter per week. She has borne twins for three years in succession. The last pair weighed 323 pounds when four weeks old.

Army and Navy News.

Navy News.

List of changes, &c., in the Medical Corps of the Navy, during the week ending December 12th, 1868.

Surgeon Sam'l T. Coues ordered to the U. S. S. Richmond.

Passed Assistant-Surgeon Edw'd Kershner detached from the Receiving Ship Vermont, and ordered to the "Richmond."

Assistant-Surgeon Samuel W. Latta detached from the Receiving Ship at Philadelphia, and ordered to the "Richmond."

Assistant-Surgeon Henry Stewart ordered to the Receiving Ship Vermont, New York.

Assistant-Surgeon Abel T. Price ordered to the Receiving Ship at Philadelphia.

Surgeon P. S. Wales ordered to the U. S. S. "Portsmouth."

Assistant-Surgeon Peter A. Callan detached from Navy Yard, Washington, and ordered to the U. S. S. "Portsmouth."

Assistant-Surgeon M. L. Ruth ordered to the Navy Yard, Washington, D. C.

Assistant-Surgeon P. P. Bielby ordered to the Naval Hospital, New York.

Acting Assistant-Surgeon T. W. Bennett detached from the U. S. S. Saco, and granted leave of absence prior to receiving an honorable discharge.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Cumnock—Nye.—At Middletown, Conn., Nov. 25, by Rev. Dr. Cummings, Professor Robert M'Lean Cumnock, Jr., of Evanston, Ill., and Miss Charlotte A. Nye, daughter of E. B. Nye, M. D., of Middletown.

Cunningham—Reynolds.—On the 3d inst., by the Rev. Joseph Painter, D. D., assisted by Rev. T. D. Ewing, Guy Cunningham, M. D., and Miss Sallie J. Reynolds, all of Kittanning, Pa.

Hon—Hardman.—On the 26th Nov., at Orleans, Orange co., Ind., Dr. Benton J. Hon and Miss Elizabeth T. Hardman.

Kitzmiller—Watson —On the 1st inst., Dr. E. A. Kitzmiller, of Piqua, and Miss Minnie Watson, of Dayton, Ohio.

Satterlee—Suydam.—Dec. 9, at the Church of the Ascension, by the Rev. Geo. B. Reese, assisted by the Rev. Henry Y. Satterlee, Dr. Frank Le Roy Satterlee and Laura, daughter of Henry Suydam, Esq., all of New York.

Whitten—Flood.—In Clinton, Me., Nov. 26th, by Rev. Geo. G. Winslow, P. M. Whitten, M. D., and Miss Clara Flood, all of Clinton.

DIED.

Bair.—Nov. 27th, at Elizabeth, Pa., John B. Bair, M.D., aged 28 years.

Heilner.—At New Orleans, La., Dec. 1st, 1868, of consumption, Henry C. Heilner, M. D., formerly of Pennsylvania, late Resident Physician at the Quarantine Station, Lower Mississippi River, La., and during the war Acting Assistant Surgeon U. S. Army. "Pennsylvania had no more worthy son."

Rogers.—At Pittsburgh, Pa., on Monday afternoon, Dec. 7th, Mary Darragh, daughter of Dr. Julian and Margaret C. Rogers, aged 16 months and 28 days.

OBITUARY.

The well known entomologist, Dr. Ludwig Imhoff, died at Basle, September 18th.

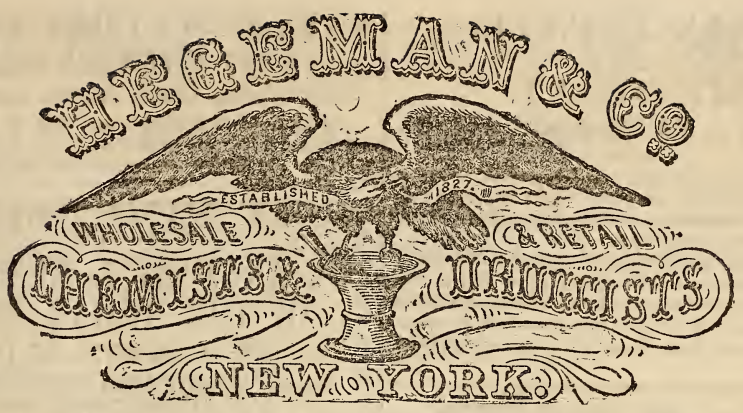
ANSWERS TO CORRESPONDENTS.

Dr C. H. H., of Ky.—"Is each number of the Compendium bound, or has it paper covers like the Reporter? If each number is not bound to itself, what would be the cost of both numbers for the present year, bound together in good style, and prepaid and sent to me by mail?" The Compendium is in paper covers. The two volumes neatly bound in half roan, will be sent post-paid to subscribers to the Reporter for $3.00; to non-subscribers for $3.50.

METEOROLOGY.

November,	30.	D. 1,	2,	3,	4,	5,	6.
Wind	S. W.	N. W.	W.	N. W.	N. E.	N. E.	N.
Weather	Clear.	Clear.	Clear. Spit Snow.	Clear.	Cl'dy. Snow.	Cl'dy. Rain.	Clear.
Depth Rain					2-10	3-10	
Thermometer.							
Minimum	29°	24°	20°	25°	22°	26°	24°
At 8, A. M.	37	31	30	34	31	34	35
At 12, M.	50	33	35	37	34	36	39
At 3, P. M.	50	33	35	36	34	35	40
Mean	41.50	30.25	30.	33.25	30.25	32.75	34.50
Barometer.							
At 12, M.	29.	29.5	29.9	30.2	30.	29.7	30.

Germantown, Pa. B. J. Leedom.



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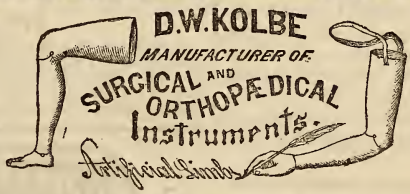

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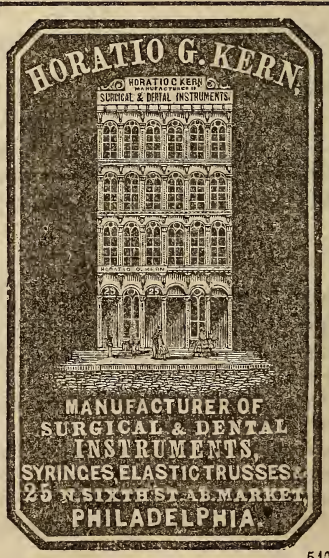

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Lupulin 3 grs.	40	1 75
Opii. U. S. P. 1 gr.	80	3 75
Opii. et Camphoræ.	90	4 25
Opii. et Camph. et Tannin.	90	4 25
Opii. et Plumbi. Acet. { Pulv. Opii. ½ gr. / Plumb. Acet. 1½ grs. }	80	3 75
Podophyllin et Hydrarg. { Podophyllin ½ gr. / Pil. Hydrarg. 2 grs. }	50	2 25
Potass. Bromid. 1 gr.	75	3 50
Potass. Iodid. 2 grs.	85	4 00
Quiniæ Sulph. ½ gr.	85	4 00
Quiniæ Sulph. 1 gr.	1 40	6 75
Quiniæ Sulph. 2 grs.	2 75	13 50
Quiniæ Sulph. 3 grs.	4 00	19 75
Quiniæ Comp. { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. / Acid Arsenious, 1-60 gr. }	1 75	8 50
Quiniæ et Ferri, { Quin. Sulph. 1 gr. / Ferr. pr Hydg. (Quevenne's) 1 gr. }	1 75	8 50
Quiniæ et Ferri. et Strychniæ. { Quin Sulph. 1 gr. / Ferri. Carb. (Vallet's) 2 grs. / Strych. Sulph. 1-60 gr. }	1 75	8 50
Quiniæ et Ferri et Valer. 2 grs.	3 50	17 25
Rhei. U. S. P.	75	3 50
Rhei. Comp. U. S. P.	75	3 50
Rheumatic. { Ext. Coloc. C. 1½ grs. / Ext. Colchici. Acet. 1 gr. / Ext. Hyoscyam. ½ gr. / Hydg. Chlor. Mit. ½ gr. }	90	4 25
Santonin. 1 gr.	1 00	4 75
Zinci Valerian. 1 gr.	1 00	4 75

SUGAR COATED GRANULES.

Acid Arsenious. 1-20 and 1-50 grs.	40	1 75
Aconitia. 1-60 gr.	75	3 50
Atropia. 1-60 gr.	75	3 50
Corrosive Sublimate. 1-12 and 1-20 gr.	40	1 75
Digitalin. 1-60 gr.	75	3 50
Elaterium. (Clutterbuck's) 1-10 gr.	95	4 50
Extract Belladonna (English) ½ gr.	40	1 75
" Cannabis Indica. ½ gr.	60	2 75
" Hyoscyamus (English) ½ gr.	40	1 75
" Nux Vomica. ½ gr.	40	1 75
Leptandrin. ½ gr.	40	1 75
" ½ gr.	50	2 25
Mercury Iodide. ½ gr.	40	1 75
" Red. 1-16 gr.	40	1 75
Morphiæ Acet. ½ gr.	75	3 50
" Sulphate. 1-10 gr.	60	2 75
" " ½ gr.	75	3 50
" " 1-6 gr.	90	4 25
" " ½ gr.	1 10	5 25
" Valerianate. ½ gr.	95	4 75
Podophyllin. ½ gr.	40	1 75
" ½ gr.	50	2 25
Potass Permangan. Chryst. ½ gr,	50	2 25
Quiniæ Valerianate. ½ gr.	2 00	9 75
Silver Nitrate. ½ gr.	75	3 50
Silver Iodide.	75	3 50
Strychnia, 1-20, 1-40 and 1-60 gr.	40	1 75

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CARBOLIC ACID AS A POISON.

By Joseph G. Pinkham, A. M., M. D.,
Of Lynn, Mass.
Professor of Chemistry and Toxicology in Berkshire Medical College.

(Concluded from p. 492.)

Case II. Reported by Mr. Frederick Sutton, in the *Medical Times and Gazette* for April 25th, 1868. S. C. aged 43, took, instead of a dose of black draught, one ounce of carbolic acid, which was kept in the wards for disinfecting purposes. Seen within five minutes after the poison was taken. She was reclining in a chair insensible; pupils contracted; face blanched and bathed in perspiration; pulse 100 p. m., feeble and very intermittent; respiration stertorous and smelling strongly of the fluid. There was slight lividity of the lips and tips of the fingers. She rapidly became worse, and died within an hour and a half after taking the poison, the body becoming much swollen before death. Spasmodic stricture of the œsophagus prevented the patient from swallowing, and caused great difficulty in introducing the tube of the stomach pump.

Autopsy seventeen hours after death. At the angles of the mouth the skin was rather discolored and shrivelled; the interior of the mouth was very white; tongue dry and chippy; the mucous membrane of the œsophagus was dry, and shrunken, and of a brownish color. The stomach contained about a pint and a half of partly digested food. The mucous membrane could be readily peeled from the walls of the stomach; there were several dry, white patches on the surface of the rugæ, and the whole interior of the stomach was slightly inflamed. The walls of the duodenum were similarly affected, though in a slighter degree. There were all the morbid appearances that could be fairly attributed to the action of poison.

Case III. Reported by Professor Taylor, in the Guy's Hospital Reports for 1868. A child aged one year and nine months swallowed two tea-spoonfuls of the ordinary dark-colored acid. Seen ten minutes after the poison was taken. When admitted into the Hospital the child lay in its father's arms, insensible to all external objects; but in a short time it recovered itself. The pupils were contracted and insensible to light. Pulse 120 p. m., and very weak,—could be counted with great difficulty. There was a strong tarry odor to the breath. The respiration was much impeded. The surface was cold and clammy, the face pale and covered with cold perspiration. An emetic was given, but owing to spasmodic stricture of the walls of the œsophagus the patient was unable to swallow, and it was returned through the nose. Tracheotomy was performed, and the little patient obtained some relief, but sank away and died at the end of twelve hours. The post-mortem appearances were similar to those detailed in the foregoing case, except that the stomach did not present such marked evidences of inflammatory action. Death seemed to result from the local action of the acid upon the respiratory passages.

Case IV. Reported by E. S. Machin, Esq., in the *British Medical Journal* for March 7th, 1868. Three persons in the work-house were dressed with carbolic acid instead of sulphuric lotion, for the itch. The patients were women, aged respectively 23, 60, and 68 years. The acid had been applied to the entire surface. A few moments afterwards, they complained of head-ache;

after which they were taken with giddiness, and rapidly became insensible. The girl, aged 23, and the mother, aged 60, died in the course of forty hours. The third patient rallied in about four hours, and recovered after a few days. No autopsy in the fatal cases. The acid used was Calvert's Carbolic acid for disinfecting purposes, and was in appearance dark and oily. About six ounces were used in dressing the three cases.

Remarks on the foregoing cases. It will be observed that in all but the first of these cases, the crude, or impure carbolic acid was employed. On this account the effects may have been somewhat more complicated. Yet they agree in detail essentially. In each case the patients became unconscious very speedily after poisoning occurred. In each case there was great depression of the vital energies with its various concomitants. Muscular spasms are not noted in any case but the first. The absence in the others may have been due to the large quantity of the poison used, and the powerful sedative following it.

Experiments on Animals.

Experiment I. Mouse. One minim of the pure liquid acid, dissolved in water, was injected under the skin, over the thorax. The animal ran about, giving signals of pain immediately. In thirty minutes he fell over on his side, making rapid movements backwards and forwards with his legs. These movements continued 90 seconds, and then ceased, the animal simply gasping. In 30 seconds more he was dead. Autopsy 20 minutes after death. Liquid all absorbed. Diffuse redness under the skin in the neighborhood of the injection. No other morbid appearance.

Experiment II. Rat. Weight of the animal, eight ounces. Injected one minim of the pure liquid acid, dissolved in water, under the skin over the shoulder. Remains quiet.

In 2 minutes. Trembles violently.

5 m. Falls over on side in convulsions, a rapid succession of contractions and relaxations of the muscles of the legs and body, passing in waves from head to tail; once in about three seconds a general spasm, bending the body backward and throwing out the legs. Some of the general spasms double. Animal apparently unconscious.

15 m. Spasms somewhat less violent. Gives no sign of pain, and makes no motion whatever when the eyeball is touched with the point of a pin. No motion of lips or tail.

20 m. Same condition.

25 m. Gives some evidence of returning consciousness, moves tail, and seems trying to rise. Spasms as before.

30 m. Same condition.

35 m. Winks partially when anything is brought in contact with or even near the eye. Spasms continue.

43 m. Spasms less violent. Struggles to rise. Has been held in hand for last twenty minutes.

48 m. When placed on his side on the floor, rolls over on his belly, but cannot stand.

50 m. More decided evidences of returning consciousness. Crawls along a little.

52 m. Dies suddenly, with two general tremors. No gasping.

Autopsy, 2 hours 30 minutes after death. Membranes of cerebrum and cerebellum much congested. Blood extravasated beneath the arachnoid. Other portions of the encephalon normal. The upper portion of the spinal cord also shows congestion of the meninges, very marked in spots, and diminishing gradually downward. Lungs engorged. Right side of heart, both cavities, distended with venous blood. Pulmonary arteries ditto. Left side of heart partially filled with dark blood. Kidneys congested. Other viscera normal. At the point of injection there was a flat hard lump about eight lines in breadth, and two in thickness. The tissues around were highly inflamed.*

Experiment III. Small cat. Eighty minims of the pure liquid acid were thrown into the stomach by means of a small glass syringe and an elastic catheter. The animal, when released, ran rapidly around the room

* This animal seemed dull and exhausted when the poison was administered. He may have been injured about the head and neck in the trap, although no marks of violence appeared either externally or under the skin of those regions. Owing to this uncertainty, however, I have attached less weight to the morbid appearances after death than I otherwise should.

and then became quiet, crouching down in the corner.

2½ m. Trembles. Seems trying to vomit.

5 m. Falls over partially on one side. Muscles of whole body twitch spasmodically. Opens and shuts mouth. Appears totally unconscious.

7 m. Spasms more violent. Affect particularly the muscles of the legs and the sides of the body. One succeeds the other rapidly, but irregularly. Respiration stertorous. Pupils dilated and responding only feebly to light. Observe an occasional general spasm like those described in Experiment II.

20 m. General spasms fifteen per minute, feeble. Other symptoms as before, except that the pupils are totally insensible to light.

From this time, for upward of half an hour, the symptoms remained constant, the animal growing weaker, the partial spasms becoming less, and the general spasms more marked.

65 m. Noise in throat ceases. Breathes quietly.

80 m. Spasms very feeble. Respiration convulsive, with a gurgling noise at each breath.

82½ m. Spasms ceased. Gasps. Ten respirations per minute, and growing less frequent.

84 m. Dies.

Autopsy, twelve hours after death. The body was kept in the interval on an inclined plane, prone, with the head elevated. Mucous membrane of the œsophagus white, hard, and wrinkled longitudinally. So firmly were the walls of the œsophagus contracted in its central portion, that a small probe could be with difficulty introduced. Stomach filled with food. Mucous membrane eroded in irregular patches, with hard, dark, margins. Some portions simply reddened, others hardened, wrinkled, and turned white. Intestines unaffected. Heart, left side filled with black blood, right side nearly empty. Trachea somewhat reddened. Lungs healthy, Kidneys very highly engorged with blood. Brain normal. All parts of the body smell strongly of the acid.

Experiment IV. Mouse. Two thirds of a minim of the liquid acid was dissolved in water, and injected into the rectum. Ran rapidly around for a few seconds, and then remained quiet.

1½ m. Trembles violently. Crouched down on belly. Cannot stand.

2 m. Still trembling. Conjunctiva insensible. Totally unconscious.

3 m. Lying on one side in rapid convulsions, similar to those described in the previous experiments, but more rapid.

4 m. Movements growing more feeble and less frequent.

5½ m. Movements ceased. Only gasps.

6 m. Dies.

Autopsy, immediately. Opened thorax. Heart pulsated feebly, perhaps from being twitched with the point of the knife. Ceased immediately to respond to such stimulus. No morbid appearances.

Experimvnt V. Mouse. One-fourth of a minim of the pure acid was injected under the skin.

1½ m. Trembles slightly.

2½ m. Trembles violently. Remains on feet, and is conscious.

2¾ m. Falls on side in convulsions. Conjunctiva still sensible.

5 m. Conjunctiva insensible. Convulsions very rapid.

20 m. A little weaker; otherwise as before.

22 m. Seems struggling to rise. Consciousness returning.

25 m. Tries to walk when placed on feet, but cannot stand long.

28 m. Squeals. Tries to escape from a touch, but does not appear to see. Less control over the hind than the fore-legs. Whirls around when trying to advance.

60 m. Squeals almost constantly.

75 m. Spasms ceasing. Only trembles. Is able to stand and walk.

90 m. Falls over on side, and cannot rise. Left struggling.

135 m. Found apparently well, but rather dull.

245 m. Well as ever. Has been eating meal and drinking water.

Experiment VI. Same mouse, sixteen hours

after previous experiment. Injected ½ minim disolved in water, under the skin. Death took place in 30 minutes, with symptons precisely like those detailed in the other cases. Autopsy immediately. No morbid appearances of note. Heart responds to irritation, throbbing under it for five minutes after death.

The remaining experiments, eight in number, developed nothing of importance that had not been exhibited by the others. In one case the heart was observed to throb for several seconds after all other motions had apparently ceased. In several instances there was found a post-mortem congestion of the kidneys, and in one the bladder was distended with urine. The cerebral and spinal meninges often appeared engorged to an unnatural extent, but in no other case was this condition nearly as strongly marked as in Experiment II.

Remarks on the Experiments. Although the observed effects of a drug upon the lower animals are not always precisely *identical* with those on man, yet we seldom see any very wide discrepancy. It will be noticed that there is a striking similarity between the results of the experiments, and the reported cases. One doubtful point may be considered as settled by the former; and that is, that carbolic acid produces convulsions when taken in poisonous doses.

IV. Antidotes.

In the treatment of poisoning with carbolic acid, we are obliged to rely chiefly upon measures of evacuation and stimulation There is no known chemical antidote of value. Owing to its weak affinities the acid forms no stable chemical combination. The white of eggs, milk and flour paste, are of some use, serving in a measure, to prevent the rapid absorption of the poison, and giving time for evacuation. When the strong acid has been taken into the stomach, the œsophagus is usually so contracted as to make the use of emetics and the pump difficult—or impossible. In case of rectal poisoning, too much importance cannot be attached to the rupture of the sphincter ani. This measure of treatment was, as far as I am aware, first recommended to the profession by my eminent friend, Prof. H. R. Storer, M. D., of Boston. The general symptoms may be combatted by ammonia, camphor, musk, and other stimulants of like nature, and by friction, and dry heat. Chloroform, morphine, and belladonna only render death more speedy and certain. This is without doubt true of the other powerful neuroties. There is probably no specific dynamical antidote for carbolic acid, if, indeed, there is such an antidote for any poison. After the general symptoms have passed away, brandy, nourishing food, and local, antiphlogistic measures may be resorted to, if necessary.

V. Medico-Legal Evidences of Poisoning with Carbolic Acid.

These may be enumerated as follows:

1. The detection of the poison in the body by physical and chemical tests.
2. The nature of the symptoms and post-mortem appearances.
3. The preservation of the body.

The detection of the poison in the body is the only conclusive evidence, in itself, of poisoning with carbolic acid. As we have seen before, this is no easy task in many instances. The odor of the acid about the body would be likely to direct attention to it, especially if a large quantity had been used. Of the symptoms, the most distinctive are the profound insensibility, trembling and muscular spasms, and the great prostration. The post-mortem appearances, other than the local, are of little value. The preservation of the body is a point of considerable importance. It has been fully shown by competent observers, that, when the surface of a corpse is washed, and the natural cavities injected with carbolic acid, the process of decay is prevented. If the acid were actually taken into the circulation, and carried into every tissue of the body, its effect could hardly be less striking. One of the mice poisoned three weeks ago with one minimum of carbolic acid has been kept since then in the house in a warm place, and there is now no sign whatever of putrefactive change. Preservation of the body would therefore be strong presumptive or confirmatory proof of the poisoning by carbolic acid.

Recapitulation of Leading Points.

1. Carbolic acid is a dangerous poison.

2. It is rapidly absorbed into the system.

3. It is rapidly eliminated from the system, chiefly by the kidneys, but probably, to some extent, also by the other emunctories.

4. The local action of the poison is that of a caustic, irritant, and sedative.

5. Its general action is that of a powerful neurotic, causing trembling, convulsions, giddiness, headache, insensibility, a cold, clammy surface, a feeble, intermittent rapid pulse, great prostration, death.

6. Recovery in non-fatal cases is speedy and complete, when there has been no serious local lesion.

7. The post mortem appearances are neither constant nor distinctive.

8. There is no known chemical or other antidote of value.

9. In treatment the chief reliance must be placed upon measures of evacuation and stimulation.

10. Aside from the actual detection of the poison in the body, preservation of the body is the most important medico-legal evidence of poisoning with carbolic acid.

Hospital Reports.

Jefferson Medical College,
Philad., Sept. 16th, 1868.

Surgical Clinic of S. W. Gross, M. D.

Reported by Dr. Napheys.

Nevus.

Mary F., æt. 3 mos. This child has a vascular tumor situated over the acromion process of the left scapula, constituting what is known as nevus maternus. It was noticed at birth, and was then as large as a small pea. It has increased rapidly in size, making now a mass as large as a walnut. It has a soft, spongy, compressible feel. The cutaneous capillaries are very much enlarged and dilated, giving a decidedly florid aspect to the tumor. There is also enlargement of the subcutaneous vessels, constituting thus a combination of nevus of the skin and of the areolar tissue. Inasmuch as the child is well nourished, and the tumor is situated in the subcutaneous tissue, it doubtless contains an admixture of fat, giving rise to a nevoid lipoma or nevoid fatty tumor. It is not an arterial tumor, otherwise it would pulsate, and impart to the hand a distinct vibratory thrill.

In the treatment of such tumors various measures may be resorted to. The base of the tumor may be transfixed by two needles at right angles, and a thread thrown around them. In the course of four or five days, the whole of the mass thus strangulated will fall off, and the surface afterward heal by the granulating process. Injections of irritating fluids may be used. Care should be exercised, however, in their employment, as the introduction of a single drop of nitric acid has been followed by instantaneous death, and Mr. Teale, of Leeds, has only recently reported a case in which the injection of one drop of the solution of perchloride of iron was followed by the same result. Other cases of a similar nature are on record. The solution of the subsulphate of iron (Monsel's salt) should be preferred for injection. It will produce immediate coagulation, and in the course of a few days the whole tumor will slough off, leaving, however, an ugly scar. In exposed situations, therefore, injections should not be used. The employment of the actual cautery by means of heated needles inserted into the tumor is said to be attended with its rapid disappearance. In very small nevi, occurring in children who have not been vaccinated, the virus may be introduced into the tumor, thus setting up adhesive inflammation; or a small seton may be passed in.

Generally these tumors are surrounded by a capsule, more or less distinct, which does not consist of a new formation, but is produced by the condensation or thickening of the surrounding connective tissue. The presence of this envelop, therefore, permits of the enucleation of the morbid growth, and it is for this reason that excision will be resorted to in this case. Care will be taken not to cut into the tumor, but around it, and then enucleate it. This will require delicate dissection, the operation being much more troublesome than that by ligation. Hemorrhage can be controlled very readily by means of the twisted suture. The operation is less objectionable than strangulation, particularly on the face, as it leaves less of a mark.

The child was placed under the influence of chloroform, and the operation of excision performed in the manner indicated. The little hemorrhage that occurred was effectually controlled by three points of the twisted suture. The tumor, when removed, was found to be made up of dilated vessels, and loaded with pellets of fat.

The child has a small cutaneous nevus on the buttock. This will be treated by the application of collodion, with the hope that the contraction of the collodion will cause the enlarged vessels to diminish and finally disappear.

Fatty Tumor.

Eliza C., colored, æt. 23. This patient has a large pendulous tumor at the upper and outer side of right thigh. It was first noticed eight months ago. As it was then the size of a hen's egg, it may have been in existence for two months before it was observed. It is not attended with pain, and is very tolerant of rough manipulation. It is distinctly lobulated, freely movable upon the subjacent parts, and has a soft, doughy feel. There is no discoloration of the skin, nor enlargement of the superficial veins.

This is a lipoma or fatty tumor. The rapidity of its growth is rather characteristic of malignancy than otherwise. But the growth of fatty tumors is very capricious, although, as a rule, they increase slowly. She is desirous of having it removed, because it is in her way. These tumors sometimes inflame, and even become gangrenous under injury.

This is a benign, homologous tumor, consisting simply of excessive hypertrophy of the normal fat of the part, and contained in a distinct capsule or cyst, formed by the condensation of the surrounding connective tissue. The nourishment of such a tumor is extremely small, there being only one or two nutrient arteries entering at some point of the capsule. On account of its slight vascularity, it bleeds very little when excised, and its enucleation is very easy. If it were more deeply seated, it might be mistaken for a chronic abscess or cyst. In such a case the differential diagnosis could only be made by the introduction of an exploring needle.

The tumor being altogether superficial, lying immediately beneath the skin, and external to the fascia lata, has stretched the skin and made it very tense, so that if a simple incision were made, there would be a redundancy of integuments after its removal. An elliptical incision was therefore made, and the tumor readily enucleated. The operation was attended with the loss of very little blood.

It was formerly supposed that by the administration of liquor potassæ, it was possible to saponify the fat in such a tumor, and thus bring about its absorption. But no treatment other than by the knife is of any value.

Scirrhus of the Breast.

Ellen M., æt. 69. This patient, seven years ago, fell down and struck her right side, breaking the third rib. Two and a half years after this injury a small tumor made its appearance over the seat of fracture. This growth, which was attended with sharp pain, but with no enlargement of the glands of the axilla, increased rapidly in size. Four months after it was first noticed, it was removed, it being then about as large as a goose egg. Two years after the operation the tumor reappeared at the cicatrix. Eleven months after the second appearance of this tumor, the glands in the axilla became enlarged, and five months ago the glands above the clavicle began to increase in size, and they are now exceedingly numerous.

The tumor is now extremely hard, sensitive on pressure, and the seat of fearful, lancinating pain. As it is situated beyond the confines of the breast, at its upper and inner limits, no characteristic retracted appearance of the nipple would be expected.

This disease is not encephaloid, for it is of too long standing. Encephaloid is acute cancer, scirrhus is chronic. Encephaloid is soft, elastic, and fluctuating at some points; this tumor is wonderfully hard and inelastic. Encephaloid is always very large, while this tumor is small for its duration. These characteristics, and the early involvement of the lymphatic glands of the axilla, and of the supra-clavicular region, together with the sharp, lancinating pains, all point to scirrhus. It is nodular scirrhus, not infiltrated, or lardaceous. It has extensive adhesions to the surrounding parts, to the muscles below, and through the muscles to the ribs. At the lower part of the tumor there is a large scirrhus nodule, which is now involving the gland substance itself. Soon it will begin to draw towards itself the lactiferous ducts, and the nipple will retract and disappear beneath the skin.

The surface of the prominent mass is very red, and pervaded by minute vessels, showing that the circulation of the skin is becoming affected, and indicating the early appearance of extensive ulceration. If this had been encephaloid it would have ulcerated long ago, presenting a protruding, fungous mass, attended with profuse loss of blood. In this case there is no bleeding, except that consequent upon the irritation of scratching.

Scirrhus usually occurs between the ages of 45 and 60; encephaloid, as a rule, earlier in life. Dr. Gross has reported in the *North American Medico-Chirurgical Review*, for May, 1857, a case of scirrhus, occuring, it is believed, at the

earliest age on record; it presented itself in the liver of a child three months old.

Mr. Collis and Mr. Spencer Wells have great faith in the bromides in the enlargement of lymphatic glands. Mr. Wells advises, in cases of this description, in which the lymphatic involvement is going on very rapidly, to give the bromides in combination with cod-liver oil. This treatment will be pursued with this patient. She was ordered fifteen grains of bromide of potassium, in a table-spoonful of cod-liver oil, night and morning. The preparations of hemlock have a great reputation for relieving the sharp, shooting pain of cancer. The patient was directed to take two grains of extract of conium, at night; but as the action of this drug is uncertain, morphia will be substituted for it, should it fail to afford relief. If there were an open ulcer, the ointment of stramonium would be applied, as it makes a capital salve. She is taking iron, quinine, and nux vomica, and is to live well. Surgical interference is out of the question.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for Discussion: Purulent Ophthalmia.

Reported by J. W. P. Bates, M. D.

Dr. Freidenwald. Purulent ophthalmia is a generic term applied to the various forms of conjunctivitis attended by a purulent secretion, contagious in its character. We encounter it most frequently in the form of ophthalmia neonatorum, where it comes under our observation as one of the first ills that flesh is heir to. Purulent ophthalmia of adults, or after-infancy, is of rather rare occurrence in this climate, and when it makes its appearance assumes a mild form, while in other countries it constantly exists to a more or less degree, and frequently presents itself in the terrible form of an epidemic. Gonorrhœa ophthalmia is another form which we will have to consider. It is most destructive in its character, but is fortunately rare. The symptoms presented by these various forms are very nearly the same. The conjunctivas assumes all the features of an acute inflammation, the vessels are highly injected, its temperature increased, its color deepened, the eyelids red and œdematous, and there is a great tendency to involve the cornea. The symptoms vary in their intensity according to the different stages of the disease and the severity of the case. The purulent ophthalmia of infants, as already mentioned, is the form most frequently met with, and when we take into consideration the grave consequences by which it is often followed, it is astonishing that mothers and nurses so frequently regard it as a disease mild and innocent in its nature, and not seldom fail to seek medical advice before the eye has become disorganized. Midwives, and other wise women, who are often consulted before the physician, are extremely inclined to recommend the simple application of the mother's milk, as fully sufficient to control the disease. It is deplorable in the extreme that this disease, generally so manageable, so often results disastrously for want of proper attention in its commencing stage.

The disease generally commences about three days after the birth of the child, and at first presents a very innocent appearance. At this stage it is confined to simple hyperæmia of the palpebral conjuctiva, the lids are agglutinated, their edges reddened, and on opening them a slight mucous discharge is noticed in the corners. Even at this stage there is considerable photophobia, the child forcibly closing the lids, and expressing pain on their being opened. As the disease progresses these symptoms increase in violence, the redness is augmented and spreads to the conjunctiva, covering the globe, the swelling becomes more marked, the child is more restless, and a copious purulent discharge is seen. The swelling of the lids is generally very considerable, owing to serous infiltration into its tissue, and assumes the appearance of a tumor in the orbital region, the surface of which, on account of its glassy redness, sometimes looks very much like a pointing abscess. On everting the lids, the conjunctiva presents a dark red hue, its surface is rough and villous, the portion surrounding the cornea is elevated, and its reflected portion is swollen and makes its appearance in the shape of red rolls, which protrude on opening the lids. The orbicularis contracting upon these rolls sometimes causes eversion of the lids. The upper lid, when much swollen, hangs over the lower one, and cannot be voluntarily elevated, for the swelling is too great to roll under the roof of the orbit. The lids often adhere together, and the discharge collects and issues in a full stream down the cheek when the lids are separarated. When improvement supervenes upon this condition, it makes itself known by the discharge diminishing in quantity, presenting less consistency and having a color near that of mucus, and a decrease in the swelling. The disease generally occurs in one eye, and several days elapse before the second one becomes in-

volved. This is a very important fact, as this short respite offers the sound eye the benefit of prophylactic treatment. The duration of the disease is seldom less than one or two weeks, except in very mild cases. The disease becomes most threatening when it extends to the cornea. It is very important that we should inform ourselves when this occurs, so that we can make a proper prognosis. It is extremely difficult to examine the eye carefully in this condition on account of the great swelling, and sometimes the cornea can only be exposed by the aid of elevators. Sometimes the cornea becomes infiltrated to a small extent, which may disappear, at others small ulcers are produced which may cicatrize, or perforate the anterior chamber, and allow prolapse of the iris, or terminate in staphyloma. In very unfavorable cases the whole or a great part of the cornea may become implicated, slough and lead to total destruction of the eye.

The origin of this disease is ascribed to various causes. In many cases it seems due to vaginal discharges. The opinion that simple exposure to light, or a rapid change of temperature, has not so many adherents as formerly. The great prevalence of this disease in foundling hospitals points to the fact that the poison, whatever it may be, is capable of being conveyed by the atmosphere.

In the treatment, when the disease is still confined to one eye, our first object should be to endeavor to prevent its extending to the other. With this view the healthy eye should be covered with lint or raw cotton, secured by a bandage. It is not to be denied that mild cases get well without any treatment. When, therefore, cases present a mild form, the treatment should be simple. Keep the eye clean by removing the discharge frequently, and the application of a mild astringent solution is all that is required. In more severe forms the lids should be everted and touched with a solution of nitrate of silver, corrosive sublimate or alum. The application of these remedies should not be left to the family, but be performed by the physician himself. When the nitrate of silver is used, it should be employed in the strength of grs. v-x to the ounce of water. I usually employ this remedy, and am satisfied with the results. Some of my friends recommend, with a great deal of fervor, a solution of corrosive sublimate instead, and claim that it shortens the disease considerably. Whichever of these remedies is used, it is important that a large portion of the conjunctiva be touched, and that the eye be frequently cleansed. With a view to avoid the disadvantages consequent upon a want of proper attention, in the absence of the physician, a new plan of treatment has of late years been proposed and warmly recommended by very competent authorities. This treatment consists in the application of lint saturated with astringent solutions upon the closed eyelids, this covered by raw cotton, and the whole secured by an elastic flannel bandage.

The advantages claimed for this treatment are that it is well borne, that it protects the eye from the light, and that the pressure of the bandage prevents the collection of the discharge in the conjunctival sac. In order that the bandage should accomplish its object, it should be snugly applied, and often examined to see if it has changed its position, and if it has, it must be promply reapplied. Where the discharge is profuse, the dressings should be changed four or five times a day; when less abundant, three or four times will suffice. The lint should be well saturated to prevent a too rapid evaporation, care should be taken that none of the solution run into the child's mouth, and the lids should be in their normal position. This treatment should be persevered in until the swelling has subsided, the quality and quantity of the discharge altered, and the conjunctiva returns to its normal appearance.

Whatever treatment is employed, it is highly important to establish the exact position of the cornea perforation, when it occurs, in order that we may regulate the position of the pupilary margin, so that it may not be involved in the lesion. When, unfortunately, cases result in diffuse corneal opacity, we must not despair, for experience teaches that these, under proper treatment, very often do well.

Purulent ophthalmia, as it occurs in our climate, is a very manageable disease, and does not so frequently threaten the integrity of the cornea as ophthalmia neonatorum. I have seen it much more frequently in its sporadic form in the ophthalmological clinics of Europe than here, and there it responds very well to the application of nitrate of silver or sulphate of copper. With regard to the epidemic form, as it is frequently seen in the standing armies of Europe, I have no experience. It is described as being very dormant, and requiring very active antiphlogistic treatment. Leeches are recommended, and also the constant application of cold until the active symptoms are subdued, after which astringents are resorted to. This form is often followed by granular conjunctivitis. The most destructive poison to which the eye can be exposed is probably that of gonorrhœa. Its de-

structive course is so rapid that in a few days the organ may be entirely disorganized. The treatment of this form is unsatisfactory whatever mode we adopt. Of the few cases which came under my observation, only one did well. In this case the mother was affected and communicated it to her infant. It was easily recognized, and a solution of nitrate of silver (gr. xx., aq. f.℥j.,) was immediately applied, and continued for several days, after which the strength was diminished. In this case the child escaped with a slight opacity of the cornea, which did not seriously interfere with vision.

Dr. Murdoch. The term ophthalmic is unfortunate as applied to a disease of the conjunctiva; a better term is conjunctivitis. All these forms originate in the mucous membrane and in the connective tissue corpuscles. Catarrhal ophthalmia is when there is a secretion of mucus, and it is at times so closely allied to purulent ophthalmia that it is hard to separate them, but they are both dependent upon one and the same process. In regard to the time of attack, Dr. Friedenwald says it commences within two or three days after birth. I think this is a mistake, and that within two or three weeks would be more correct. This has an important bearing upon the question of its origin, as it is impossible to see how the child can be affected by passing through the vagina. I think it usually arises from want of cleanliness, and in this I am borne out by Stellwag. Light may have some little effect in its production. Its contagion through the atmosphere cannot be proved. If we examine an eye thus affected, we will see small bubbles of air contained therein, and these bursting, throw the pus some distance, and may thus communicate the disease. In regard to the treatment, the Germans made a great mistake by their frequent use of nitrate of silver, as by its free use a membranous conjunctivitis is the result, which is more difficult of cure than the original disease. Its use must not be discarded entirely, but not applied indiscriminately. At the commencement of the disease, when the eye is hot, and the conjunctiva is filled with blood, we should use antiphlogistics, as leeches, cold water, etc. In London they use alum and cold water, and never lose an eye. Keep the eye clean, and use the wash frequently. There are two forms of keratitis: that commencing in the centre of the cornea by an opacity, and spreading superficially, and the other commencing in the lower margin, in which the ulceration is bevelled like steps. The latter form is much more destructive.

Dr. Arnold. This is one of our most common diseases, and most amenable to treatment. The profuseness of the discharge and its sudden production are remarkable, and not common in mucous membranes. We see nearly the same state of things in gonorrhœa. I treat by means of a starch poultice, which is very soothing, press the eyelids gently, syringe the edges of the lids frequently, to keep them clean, and find no great difficulty with the cornea. The opacity usually clears up. The only bad cases of opacity were those resulting from small-pox, scarlatina, and typhoid fever.

Dr. Erich. I have seen from twenty to twenty-five cases. The majority occurred within a few days after birth. I used to attack it with active remedies, such as nitrate of silver, etc. All except one got well, but they suffered severely from the application. Having seen the bi-chloride of mercury highly recommended by Prof. Gross, I tried it, and so far am highly pleased with its action. I use gr. ⅛ to aqua f.℥j. and direct free and frequent washings. I also use small doses of Dover's powder. The bi-chloride gives no pain, and I think the cases get well sooner when it is used.

Dr. Friedenwald. Dr. Murdoch thinks that this disease does not appear within the time I mentioned. I still adhere to my original assertion, though it may be a week before it is fully developed. In regard to danger to the cornea from the use of nitrate of silver, I think it is very slight. If we were to try to touch it, we would fail, on account of the bulging of the palpebral conjunctiva, and it is with this only that the remedy comes in contact. I have been very fortunate in its use. Probably other astringents, especially alum, may do as well.

Dr. Murdoch. In regard to the time, I give Stellwag as my authority. He gives from two to four weeks as the time of its appearance.

Dr. Williams. It is impossible for this disease to be communicated by atmospheric influences. It may arise from uncleanliness, from the secretions of the mother, and from gonorrhœal matter. When it occurs epidemically in armies, its mode of propagation is generally very easily traced. In Egypt it is said to result from the sand. In regard to the treatment, I have not much experience. When I was in Europe I found four schools, viz., the alum, copper, zinc, and nitrate of silver. These all agreed in rejecting lead, on account of its forming a combination with albumen. Graefe everted the lids, applied a pencil of nitrate of silver, and immediately neutralized it by a solution of salt. Delmar used sulph. copper to the everted lid, and then

closed the eye immediately. This was very painful, as I can testify from personal experience, as I was so unfortunate as to contract the disease during my stay in Paris. In my own cases I have usually applied leeches and emollient applications, as a poultice of slippery elm, and the result has been satisfactory.

Dr. Noel. I can testify to the great benefit sometimes resulting from the application of leeches. I remember a traumatic case, in which morphia did no good, but four leeches afforded complete relief.

Dr. Murdoch. I do not wish to be understood as utterly ignoring bloodletting. It is frequently one of the best remedies in the treatment of this class of diseases.

Dr. Hartman. I have seen cases occurring on the third day, and every succeeding day from that to the third week. I look upon all those cases occurring early as of gonorrheal origin. I can recall four cases of this kind. In them I used nitrate of silver (gr. ij., aq. f.℥j.,] frequently and freely. In ordinary cases I use the crumb of bread soaked in alum water and bound to the eye, and usually have no trouble with them.

Editorial Department.

Periscope.

A Case of Eclampsia Gravidarum, Triplets, Death.

Dr. Klingelhœffer reports the following case in *Deutsche Klinik*, No. 38, 1868: On the night of 2—3d of July he was called to shoemaker Herdt's wife, and was told that she had been seized with spasms; on his arrival the spasms were nearly gone. The patient was 30 years of age, medium height, pretty strong, and with the exception of typhus in the preceding July, had always enjoyed good health. She had no organic defect as he had discovered, in the month of December, on examining her for a life insurance policy. Her first pregnancy was in 1859, her second in 1862, her third in 1863, her fourth in 1865; in all of which everything went on regularly and well. Since her recovery from typhus the menses had not returned; but she became pregnant during the present summer, (1868), and up to the time when the spasms had occurred all had gone on regularly. She had only asked advice once, on account of varices of the leg, which were not severe, and were unaccompanied by œdema. According to her count it was about time for her delivery when the spasms appeared. She had felt perfectly well all day: had supped as usual, and had gone to bed at her customary hour. Without any premonition, at 11 o'clock, an attack of convulsions took place, which lasted ten minutes, and were only discovered by her relatives by hearing her stamp against the bedsteads. When the Doctor entered her chamber he found that the attack was almost over; she was in an apathetic state, but answered rationally on being loudly called; she made no complaints. As he could not decide certainly, from the description of the late attack given by her relatives, that it was a case of eclampsia, he ordered careful watching, and some weak camomile tea. In half an hour he was informed that a second attack was existent, but this had also passed off when he arrived; from its description, however, he no longer doubted that he had to do with a case of eclampsia. She was found to be conscious, but even more apathetic than before; pulse frequent, face somewhat flushed, both legs œdematous up to the knee; no other hydropsical appearances existed. Digital examination revealed the os uteri very high,—it was only reached with difficulty, and was found to be closed. The presentation could not be made out with certainty. Abdomen unusually distended. No uterine contractions. He prescribed cold water fomentations to the head, and a venesection of 8 ounces; the bowels had moved spontaneously, but an enema was given. He was now called away and could not see the patient again until 8 o'clock, A. M. She was then found in a comatose state; pulse frequent; pupils dilated; no reaction to light, strabismus. He was informed that after the venesection the sensorium became somewhat clearer; the spasms had soon returned, however, until their former severity. During the morning he had an opportunity to observe one of the paroxysms: violent convulsions took place, the mouth closed tightly, bloody froth appeared before her lips; no uterine contractions. Another digital examination revealed the same condition of parts as on the previous occasion; os very high, rigid, closed; not a trace of labor pains or contractions. Under these circumstances he would not entertain the idea of emptying the womb by artificial means.

He could not apply cups to nape of neck on account of the severity and frequency of the spasms; and urine could not be obtained for testing, as it all passed into the bed. The treatment was, therefore, confined to the continuation of cold to the head, and sinapisms; medicines could not be swallowed. The paroxysms now increased in frequency and violence; during the

intervals she lay stertorous, bloody froth appeared before her lips; and near 2 o'clock, P. M., 14 hours after the first paroxysm, death put an end to the terrible disease.

Having everything in readiness for a post mortem cæsarean section, the Doctor immediately removed three dead fœtuses—one male, two females. They were fully developed, and life had but recently departed; efforts to resuscitate proved fruitless.

Perhaps more copious bleeding might have availed in this case, especially as the small amount of blood which was abstracted produced temporary improvement; the hypodermic use of potassii bromidum might possibly have proved beneficial. We saw a case successfully treated by Dr. Ellwood Wilson, of this city, in which anæsthesia was kept up until the spasms showed no tendency to return, which was for the greater part of one night, and an adjunct treatment of small doses of calomel, with pulv. Doveri, gr. iij., every three hours. Ether was the anæsthetic used.

The case of Dr. Klingelhoeffer, in which an insignificant venesection was effected, and that reported by Dr. L. S. Blackwell in this journal, Vol. XIX., No. 19, in which no blood was taken, in both of which death occurred; taken in connection with the recent success of Körner with phlebotomy, as well as the sanction of our own Hodge and Meigs, whose names render a reference to great foreign authority unnecessary, incline us to regard with favor, in the treatment of puerperal convulsions, that which *homœopathy* and fashion have now made such a bug-bear—blood-letting.

We hope to see the day, when in pneumonia, a patient's blood will no longer be thoroughly broken down by antimonials, but a proper and moderate amount will be taken from his arm. Recent experiments have shown that a few ounces of defibrinated blood transfused will restore a hydræmic patient; and it is, therefore, easier to remedy an excessive bleeding than to restore the vital fluid to health after it has been poisoned by a "tolerated" course of tartar emetic.

We have seen three deaths from pneumonia, in which, against our judgment, general bleeding was not permitted; and the thought has often haunted us, that had we insisted on the remedy, three men might now have life and health, and would thank us for what they then would have considered an injury.

Dr. Theodore Körner, in the *Deutsche Klinik*, No. 31, 1868, describes four severe cases of eclampsia gravidarum which were cured by copious venesection and other antiphlogistic treatment. The skin and bowels were stimulated to throw off the *materies morbi*, and when exhaustion set in, moschus benzoinum or ammoniæ carb. were used. Clysters of asafœtida were given in one case; also tinct. colocynthus, and magnesia et cremor tartari solubilis. We hope to give his cases in detail at some future time. A. A. H.

Potassæ Chloras in Dysentery.

At the the Rudolf hospital, Vienna, the above named remedy has been used by enema in two cases of dysentery with excellent results,—blood ceased to appear in the dejections after the first clysma. They used potass. chlor. ℈j ad aq. destil, ℥ij.—*Wiener Med. Press*, No. 38, 1868.

Reviews and Book Notices.

Outlines of Comparative Anatomy and Medical Zoölogy. By Harrison Allen, M. D. Philadelphia: J. B. Lippincott & Co. 1869. One vol., cloth, pp. 190.

A hand-book of comparative anatomy has been a desideratum for some time, as we can testify from numerous inquiries received. There has been none sufficiently brief and yet sufficiently full to meet the wants of physicians. This by Dr. Allen is a synopsis—though rather fuller than most synopses—of the author's lectures on the subject. As such, it is very suitable. It is in two parts, the first on comparative anatomy, covering one hundred and thirty-six pages; the remainder on medical zoölogy, in which all the lower animals which the physician has to combat, or from whom he derives means to combat disease are described. A table of classification, and an index and glossary are appended.

We think it is to be regretted that the author, whose knowledge of the subject is so complete, did not extend the design of his work so as to give it a more general value. The addition of a hundred pages would have allowed room to extend that portion of it devoted to comparative anatomy, and to introduce illustrations which would have made it popular among purely professional readers. Some information about the best authorities, and about monographs on the different branches of the science would also be welcome. With these additions, we feel sure that such a volume would have a wide sale, and be none too large, and none the less suited to the wants of medical students.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 26, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VALE.

In closing the nineteenth volume of the weekly Medical and Surgical Reporter, we have to thank the profession throughout our country for the many kind tokens of continued favor which we have received during the last semi-annual term. For our own part we shall in the future, as in the past, try to continue to merit this favor. The Reporter will ever aim to be a mirror, not of the new discoveries of science only, but of all the interesting events and facts which make up the medical history of the age.

It will contain all occurrences, whether personal or general, which have a special claim on the attention of practising physicians; it will always be open to the free discussion of the questions which interest them, whether as a part of the social or the scientific world; it will continue to be free from any bias of prejudice, sectional, partisan, or religious; it will in fine, aim to represent in the fullest manner the regular profession, and its members wherever they reside.

Already there is not a State or Territory in the Union, nor hardly a county in any State, where it does not penetrate. As it is thus widely a welcome guest, it shall also be found an improving one.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Notes and Comments.

Hot Sand Baths.

A number of articles have recently appeared in various European journals on the use of *hot sand baths*, which have not excited the attention in this country which they deserve. Dr. Flemming, in the *Gazetta Medica Italiana*, among others, reports several cases successfully treated. He describes the means used for heating the sand, and the manner patients are immersed in it. The temperature should be elevated to between 90° and 120° Fah., and the patient remain in from 25 to 50 minutes. After a few minutes profuse perspiration commences, the temperature of the body at the axilla rises one to two degrees, the pulse beats five to eight pulsations a minute more rapidly, and the body shows a diminution in weight. The diseases which have been found greatly benefited by this treatment, are chronic rheumatism, gout, scrofula, paralysis, atrophy, Bright's disease, and mercurial poisoning. It should be introduced on a large scale with us.

Personal.

Dr. W. W. Gerhard, of this city, the well known author, lately returned from Europe, where he has had pleasant interviews with Louis and others. Dr. G's health was much improved by the trip, but unfortunately, on the 16th inst. he fell on the pavement, and fractured both bones of the leg. Drs. L. Turnbull and Hunt are attending him.

Importance of Autopsy.

A few years since a case occurred to me which illustrated the value of post-mortem examination. A case of fracture of the lower end of humerus, into the joint, had resulted from a fall of about thirty feet. There was some tenderness over the liver, and yellowness of the conjunctiva; the patient being a very black negro, no change of complexion was observed. After a few days phlegmonous erysipelas attacked the arm, for which free incisions were made by another physician. Considerable venous hæmorrhage took place, when suddenly violent rumbling was heard within the abdomen, and the man died. Of course the attendants must have supposed that "the doctors had killed their patient." On opening the abdomen, however, it was found to contain a very large quantity of coagulated blood; and this had issued from a rent in the posterior superior surface of the right lobe of the

liver. The connective tissues, and serum, were found to be of a deep yellow color. A. A. H.

The Honorarium of the Established Physician.

A Dublin physician of eminence—says the *Medical Press and Circular*—not many years ago, demanded and got his honorarium of two guineas per visit, no matter how often he went to see the patient. On its being objected to him that the number of visits made his fees come high, he replied;—"You do not really require *my* services; there are many younger men who will serve you as well for less, and if you wish for *me*, you must have me on my own terms. If I should visit at a low rate, what would become of my professional juniors?"

Tempest in a Teapot.

Prof. Lizars, of Toronto, who accepted a professorship in a concern here, styled the "Philadelphia University of Medicine and Surgery," which says of itself, that it is "neither allopathic, homœopathic, nor eclectic, and yet all of them," has got into hot water. He found the atmosphere of the place rather different from what he thought, and under the title, "Barefaced Quackery," was ignorant enough to show up a cancer doctor of this city in a late number of said University's organ. The cancer doctor happened to be a graduate—of course, "in good standing"—of the "University," and was disgusted that his Alma Mater should "go back on him" thus. He arrested Dr. Lizars for libel, and was only appeased when the unlucky Professor paid the costs and promised to apologize through the "organ," and to pack back to the Dominion forthwith, and stay there. We hope that the Professor, who, we believe, was induced to come here by false representations, will reach Toronto, if a sadder, yet a wiser man.

Correspondence.

DOMESTIC.

Obscure Nervous Disorder.

Editors Med. and Surg. Reporter:

Allow me through the medium of your journal, to request your opinion of the pathology and treatment of a case that has recently come under my observation.

Mrs. S., a very intelligent married lady, who has spent the principal part of her life in public teaching, had a very violent attack of epidemic erysipelas in 1849, and during the ensuing six years, had two similar attacks, but not so violent as the first. The peculiarity in the case was a violent sore mouth; from her description, it seemed to be something that preceded the erysipelatous disease. Since the last attack of this disease, she has had frequent attacks of sore mouth, attended with bright redness, pain, and a scalding sensation that seemed to threaten an incursion of her primary disease. These attacks yielded after a few days to a regulated diet, mild gargles, and saline purgatives.

Query: Was the disease of the mouth that preceded the erysipelas, a necessary accompaniment, or a mere coincidence. But it is to her present condition that I desire more particularly to call your attention, and for which my advice was requested. Nine months since she commenced to feel a peculiar numbness in the extremities, commencing at the toes and fingers, which has very gradually extended to the knees, and as high as the wrists. The temperature of the parts is diminished. The sensibility at times seems increased rather than diminished, but the most common feeling complained of is that of "having a glove on," and in walking the feet and limbs seem clumsy. The patient presents rather a cachectic appearance, but not remarkably so; and although she is 49 years old, the catamenial function is as regular and as natural as in youth. The organs all seem to be in a healthy condition, except the stomach, which is slightly dyspeptic.

On examination I found the spine very tender over the cervical and lumbar regions, and slightly so in the intermediate space. I omitted to state that the patient has complained of a general weakness of the spine for a number of years, that she attributed to long standing in the school room.

Taking the view that the present disease depended on spinal irritation, I have used locally, anodyne liniments, cupping, and mild vesicants; and internally, some of the most prominent preparations of iron, with quinine. Under this course her general health and nervousness improved greatly; but the extremities remain pretty much in the same condition that I found them two months ago.

Anything that you can suggest in the case, will place me under lasting obligations.

J. H. Stephenson, M. D.

Leesville, Ohio.

—— The *Lancet* says toothache can be cured by one drachm of collodion added to two drachms of Calvert's carbolic acid. A gelatinous mass is precipitated, a small portion of which, inserted in the cavity of an aching tooth, invariably gives immediate relief.

—— Mrs. Stanton says of Mrs. Winslow's soothing syrup, that she don't believe there is a Mrs. Winslow, and says that it is compounded by some ignorant man in whiskers, broadcloth and boots, who lives and fattens on his ill-gotten gains, while babies are sent by the hundreds to untimely graves, or made idiots or lunatics for life.

Army and Navy News.

Navy News.

List of changes, etc., in the Medical Department of the Navy, during the week ending December 19th, 1868.

Surgeon H. C. Nelson ordered for temporary duty on board U. S. S. Michigan.

Assistant-Surgeon S. W. Latta, orders to the U. S. S. Richmond revoked, and ordered to the Receiving Ship at Boston.

Assistant-Surgeon Wm. V. Marmion ordered to duty at Naval Hospital, Washington, D. C.

Surgeon A. S. Oberly ordered to the U. S. S. Narragansett.

Passed Ass't-Surgeon E. C. Ver Meulen ordered for temporary duty on board the Tallapoosa.

Passed Assistant-Surgeon D. R. Bannan ordered to the Navy Yard, Philadelphia.

Surgeon Jno. Y. Taylor detached from the Naval Hospital, New York, and ordered to the "Kenosha."

Passed Ass't-Surgeon Geo. A. Bright detached from Naval Hospital, Washington, and ordered to the "Kenosha."

Assistant-Surgeon Wm. M. Reber, resigned.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Belden—Vandyke.—In this city, Dec. 16th, at the residence of Dr. E. Vandyke, by the Rev. Joseph K. Wight, assisted by the Rev. J. Wheaton Smith, Dr. C. S. Belden, of Salem, N. J., and Anna N., daughter of the late William J. Vandyke, of Kingston, N. J.

Hill—Lee—By the Rev. M. Floyd, Nov. 10th, Dr. M. D. Hill, of Mifflin co., Pa., and Miss S. A. Lee, daughter of Henry Lee, Esq., of Huntingdon co., Pa.

Hornbeck—Laubach.—On the 10th inst., at the residence of the bride's parents, by the Rev. Cyrus Becker, Dr. Molton E. Hornbeck, of Catasauqua, Pa., and Mary M., daughter of Judge Joseph Laubach, of Laubachsville, Pa.

Metcalfe—Fagin.—At St. Louis, Dec. 10th, Dr. R. D. Metcalfe and Miss Rachel G. Fagin.

Morris—Van Buren.—In New York, Dec. 10th, at St. Mark's Church, in the Bowery, by the Rev. A. H. Vinton, D. D., Stuyvesant F. Morris, M. D., and Ellen James, daughter of Smith J. Van Buren, of Fishkill on the Hudson.

Wunderlich—Yerger.—On the 15th inst., Dr. John S. Wunderlich and Miss Willie E. Yerger, both of this city.

DIED.

Cummings.—Suddenly, Dec. 16, Isaac Cummings, M. D., late House Physician of the Demilt Dispensary, New York, in the 37th year of his age.

Dr. Cummings' death was caused by an overdose of morphia, to relieve neuralgia, to which he was subject.

Enos.—Suddenly, Dec. 14th, at his residence, No. 28 Monroe Place, Brooklyn, Dr. De Witt C. Enos.

He had been Visiting Surgeon of the City Hospital for some years past, and until within a recent period was Professor of Anatomy of the Long Island College Hospital.

Gibbon.—In Baltimore, Dec. 16, Dr. J. W. Gibbon, of Charlotte, N. C., aged 74.

He was father of Gen. Gibbon. of the U. S. Army. He had visited Baltimore to deliver a course of lectures on "Antiquities of America," before the Maryland Institute, and had delivered but one.

Jones,—In this city, Dec. 11th, Pauline B., infant daughter of Almira and the late Z Ring Jones, M. D., aged 16 months.

Lewis.—In Pittsburgh, Dec. 13th, Mrs. Carrie Cooper Lewis, wife of Dr. D. W. Lewis, aged 34 years.

Percy.—In New York, Dec. 7th, Gilbert Percy, youngest son of Prof. Dr. Samuel R. and Jane Percy, aged 21 years and 7 months.

ANSWERS TO CORRESPONDENTS.

An Uterine Disorder.

Dr. J. N., of N. Y.—"What can be done for a married woman, æt. 29; no children; nervous temperament; menstrual epochs regular, but scagty; throbbing pain in both ovarian regions. no tenderness; wild, beating, constant pain in top of head; restless at night, and very nervous; appetite good and bowels regular: not anæmic. She caught cold before her marriage, and had amenorrhœa about two years. Since her recovery, menstrual secretion has gradually grown scanty. Pain in Ovarian regions began some eighteen months since, first in left side, right side has been affected only a few weeks. Have tried emmenagogues before menstrual periods, nervous tonics, such as quinine, strychnine, etc., without benefit. Diagnosis and suggestions as to treatment would be gratefully received.

Dr. M. L, G.. of Mo.—The Reporter, Braithwaite, and the Atlantic Monthly will be sent you for $10.00.

Dr. J. N. T., of N Y.—An otoscope costs $3.00, a laryngoscope from $7.00 to $12.00. The new instrument for uterine hemorrhage would have to be made to order, and could be for three or four dollars,

Dr. W. H. C. P. of O.—The Craig microscope man, who advertised in the Reporter, so far as we can learn, is a swindler, and we have already warned readers against him.

METEOROLOGY.

December,	7,	8,	9,	10,	11,	12,	13.
Wind.....	N. E.	N. W.	N. W.	W.	N. E.	N. W.	N. W.
Weather....	Cl'dy. Rain.	Clear	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain..	1 9-10						
Thermometer.							
Minimum.....	28°	29°	20°	14°	12°	10°	7°
At 8, A. M.....	39	38	31	24	22	10	18
At 12, M.....	38	36	38	30	24	27	22
At 3, P. M.....	39	37	37	29	25	27	25
Mean.....	36.	35.	31.50	24.25	20.75	18.50	18.
Barometer.							
At 12, M.....	29.2	29.4	29.9	29.8	29.7	30.1	30.3

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